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Washington

1942-

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Part 1

INVESTIGATION OF MANPOWER RESOURCES

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR

UNITED STATES SENATE

SEVENTY-SEVENTH CONGRESS

SECOND SESSION

ON

S. Res. 291

A RESOLUTION AUTHORIZING THE APPOINTMENT OF A
SPECIAL COMMITTEE TO INVESTIGATE THE MAN-
POWER RESOURCES IN THE UNITED STATES

PART 1

OCTOBER 15 TO NOVEMBER 20, 1942

Printed for the use of the Committee on Education and Labor



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UNITED STATES
GOVERNMENT PRINTING OFFICE
WASHINGTON : 1942

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INVESTIGATION OF MANPOWER RESOURCES

THURSDAY, OCTOBER 15, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to recess, in the committee room, Capitol, Senator Claude R. Pepper (acting chairman), presiding.
Present: Senator Pepper (acting chairman).
Also present: Dr. Robert S. Lamb.

(NOTE.—The first hearing was held on October 14 in executive session. The resolution reads as follows:)

[S. Res. 291, 77th Cong., 2d Sess.]

RESOLUTION

Resolved, That a special committee of five Senators, to be appointed by the President of the Senate, is hereby authorized and directed to make a full and complete study and investigation, in cooperation with the Manpower Commission and any other agency, or agencies, public or private, it might see fit to consult, of the manpower resources of the United States, and how such manpower resources should be employed to the best advantage in agriculture, industry, the armed services, and other activities so as consistently with the spirit of our institutions and the national emergency best to promote the war and victory for our cause. The committee shall report to the Senate, as soon as practicable, the results of its study and investigation, together with its recommendations.

For the purposes of this resolution the committee, or any duly authorized subcommittee thereof, is authorized to hold such hearings, to sit and act at such times and places during the sessions, recesses, and adjourned periods of the Seventy-seventh and succeeding Congresses, to employ such clerical and other assistance, to require by subpoena, or otherwise, the attendance of such witnesses and the production of such correspondence, books, papers, and documents, to make such investigations, to administer such oaths, to take such testimony, and to incur such expenditures as it deems advisable. The cost of stenographic services to report such hearings shall not be in excess of 25 cents per hundred words. The expenses of the committee, which shall not exceed \$10,000, shall be paid from the contingent funds of the Senate upon vouchers approved by the chairman of the committee.

Senator PEPPER. All right, Mr. Taeuber, you come right along, sir.

State, if you will, your name and address, and the position you occupy and a little bit of your background, and then make such statement as you would like to make respecting this subject of manpower.

STATEMENT OF CONRAD TAEUBER, ACTING HEAD OF THE DIVISION OF FARM POPULATION AND RURAL WELFARE, BUREAU OF AGRICULTURAL ECONOMICS

Mr. TAEUBER. The name is Conrad Taeuber. I am now serving as acting head of the Division of Farm Population and Rural Welfare in the Bureau of Agricultural Economics.

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STATEMENT OF CONRAD TAEUBER, ACTING HEAD OF THE DIVISION OF FARM POPULATION AND RURAL WELFARE, BUREAU OF AGRICULTURAL ECONOMICS

Mr. TAEUBER. The name is Conrad Taeuber. I am now serving as acting head of the Division of Farm Population and Rural Welfare in the Bureau of Agricultural Economics.

I am a native of South Dakota, where I grew up in the north central part of the State, with considerable experience in farming there. I attended the University of Minnesota, and have been with the Department of Agriculture since 1935.

Most of my work has been in relation to agricultural population and migration and related subjects.

The Secretary of Agriculture not long ago, Senator, gave an address before the National Catholic Welfare Council, in which he made the point that while we have a very tense situation in agricultural manpower on the one hand, we also have a large volume of underemployed farmers on the other. In fact, in some areas, as has been repeatedly pointed out, the situation now looks as though agricultural production goals for next year are threatened. There are many other areas in which people are living in poverty and in which they have so little land resources or other agricultural resources as to make it very clear that they cannot fully utilize the manpower they have available.

In the main, the areas, of course, are not the same, but are so far apart that there has been a good deal of difficulty in matching the need for labor on the one hand, and the fact that there is available labor on the other.

The Secretary went on to point out that there is danger that some large, rich, Middle Western farms may lie idle next year through the lack of someone to work them, while farm families in the Appalachians are living in poverty because they have neither enough land nor enough livestock or other equipment to work the land. He went on to say that there are about 2,000,000 underemployed farm families of the type he had been describing. The Farm Security Administration, which has been devoting its efforts to low-income farm families, is working with about half a million of them at the present time. The abilities of the 2,000,000 farm families must be used much more fully than they are now used if we are to keep our farm plant in high production.

As an emergency measure, he then proposed that some of these families be helped to get off the crowded, marginal land, and onto land where their work will go for many times as much.

The importance of that kind of a program for the immediate situation appears obvious, but it also has a long-run implication, for it would provide a means of helping many of these families get out of an impossible situation now when there is an alternative.

We tried it some years back when there were no alternatives, and found that a resettlement program during an industrial depression was just bound to meet with so many obstacles that it couldn't possibly reach its objectives.

Perhaps the statement that there is a large volume of underemployment needs some documentation. Certainly to a great many people, to say there is underemployment on farms at the present time comes as quite a shock.

We have become familiar in recent years with the problems of low-income farm families, but we also know in recent years agricultural income is reaching record heights, and therefore, if agricultural income were evenly distributed, perhaps the problem should be solved. But agricultural income is not equally distributed, and there are large

numbers of farm families today for whom the question of prices is largely an academic one.

Prices of agricultural products could increase much more than they have, without providing them a sufficient income to maintain a desirable level of living, unless they were at the same time in a position markedly to increase their production.

The last complete figures we have on that score are those from the 1940 census, which reported gross incomes of farms for the year 1939. The figure which they report includes all cash income and also the value of marketed crops. They reported at that time 6,000,000 farms, and out of those 6,000,000 farms, 2,000,000 had a gross income of less than \$400. Slightly more than half of the total which they reported consisted of products consumed at home.

In other words, the average cash income for those families was only about \$100, and for those families the price level of agricultural products has very little significance.

Senator PEPPER. Let me see if I understand you correctly, now, Mr. TAEUBER. You say there are about 6,000,000 farms?

Mr. TAEUBER. Yes.

Senator PEPPER. Six million farms in the United States?

Mr. TAEUBER. That is right.

Senator PEPPER. Now will you proceed?

Mr. TAEUBER. Two million of them, in 1939, had a gross income of less than \$400. That includes the value of the products which they consumed at home, and about half of their total product is the product consumed at home. On an average they had about \$100 cash. You see, the \$400 is an upper limit, and the average is about \$200.

Senator PEPPER. The average was about \$200?

Mr. TAEUBER. That is right.

Senator PEPPER. And about how many of them had \$100?

Mr. TAEUBER. The average is about \$200, of which \$100 is cash and the other \$100 is what they used at home.

Senator PEPPER. I see. Proceed.

Mr. TAEUBER. Of course, many of those are not farmers in the sense in which we think of farmers when we refer to the average farmer. Many of them are operators who are over 65, and some of them were actually spending more time at other occupations, some were part-time farmers.

Senator PEPPER. Are you thinking in terms generally of one family for each farm, or a certain number of people for each farm?

Mr. TAEUBER. For that group it works out pretty well at one family per farm.

We don't know how many of these farm families had other sources of income. We do know that there are a large proportion of them who could not have had other sources of income from any place else at that time.

This group, the lower-income group, the one-third with the lowest incomes in agriculture, contributed only 3 percent of the marketed crops. As far as thinking of total agricultural production, that group is relatively unimportant, and perhaps from the standpoint of the problems which you are considering they can be left out.

Senator PEPPER. So that means that practically one-third of the farms and the farm families of this country, make relatively an insignificant contribution to the country?

Mr. TAEUBER. Agriculturally.
Senator PEPPER. Yes.

Mr. TAEUBER. That is right. Now some of them—and I wish I could tell you how many, but those figures haven't yet become available—some of them do have other income, some of them are simply part-time farmers and make very little contribution. But there is a part of that group which has no other occupation except agriculture, and still is in this income group.

At the other end of the scale, we have another one-third of the farmers, those who in 1939 had gross incomes of \$1,000 or more. That one-third, the upper one-third, contributed 84 percent of the marketed crops, and that is the group that is concerned with availability of hired help, that is concerned with farm prices and the like.

Now we have skipped one-third. The in-between group, which in 1939 reported products valued at somewhere between \$400 and \$1,000, accounted for 13 percent of the marketed crops; that is, the middle third accounts for 13 percent of the marketed crops.

The average income from sale of products for that group in 1939 was about \$450 per farm. Now, that is the group which includes a large part of the underemployed farm operators; that is, farm operators who either have insufficient land or insufficient capital with which to work that land to produce as fully as they might by utilizing all the available labor in their families.

We are operating on the assumption that at 1939 prices, a family that could not produce more than \$1,000 worth of products represents some degree of underemployment. That won't hold 100 percent; obviously, there will be individual reasons, but by and large that is a group in which there appears to be a large volume of available labor which could be utilized for increasing agricultural production.

We have tried in a number of ways to get at a definition of underemployment, but except by going out into the field and dealing with individual families, that is very difficult.

However, we have made several maps—I had hoped to have them here this morning, but the mail service failed me—in which we made some estimates of the distribution of these families. We find, by taking this measure, instead of \$1,000 as the upper income level, we took \$600, all farm families who reported less than \$600 income in 1939. We subtracted from that all farm families that had as many as 100 days of work off the farm for the operator, because there are nearly a third of the farms in which the operator reports at least a hundred days off the farm.

Then we divided that by 2, to allow that the average age of the farm operator is up in the 40's, about 48 for the average farm operator, and many of these older operators are pretty well set in their ways, and it would be difficult to get them to make many adjustments, and some of them are physically disabled.

Even with that conservative assumption, we still get almost a million farmers who would be available for programs designed to increase productivity. Some of that means increasing their productivity right where they are. Some of that means assisting them to get onto more productive lands, as tenants, as owners, perhaps as hired hands, and giving them the resources to work with and increase the total contribution which they now make to agricultural production.

The bulk of that 1,000,000 is in the South; Kentucky and Tennessee each had about 60,000. Alabama had 76,000. Mississippi had 95,000. But they are not all in the South by any means. Minnesota had 13,000; Wisconsin had 11,000; Michigan had 19,000; and many of those in those 3 States are in the cut-over area in the North. Missouri had 44,000, many of them in the Ozarks.

There were 178 counties in the United States in which there were 1,000 or more farm operators, in this category, that is, they had less than \$600 gross income, including the value of home-consumed products. They did not have any significant earnings off the farm, and they were on an average under 45. Those counties are primarily in the South; 12 of them in Kentucky; 14 in Tennessee; 44 in Alabama; 52 in Mississippi. If we drop our sights, the counties which had 500 or more of such operators include almost one-fifth of all the counties in the country.

Of course, that represents only one approach to a measure of underemployment, and by and large these areas are somewhat remote from those areas which now need a large volume of agricultural labor, that is, hired agricultural labor.

To make this a little more concrete, we examined the situation for a group of 19 counties in southeastern Kentucky. These counties, in 1940, had a rural population of about half a million, of whom half were living on 51,000 farms. A conservative estimate for this area early this year indicated that they could give up 30,000 young men who were 15 to 24 in 1940, and in addition 10,000 older men, a total of 40,000 men, who are devoting most or all of their time to agriculture, all of this without seriously impairing the total agricultural production. In fact, with the proper type of recruitment and training for those who would leave, and assistance to those who remained in the agriculture of the area, such a shift might tend to increase total agricultural production.

In other words, there is one of the areas in which there is a considerable pressure of population on agricultural resources, and 40,000 men is a very conservative estimate, and that has been checked with some local people, and they tell us it is very conservative.

Of course, there has been a good deal of migration from farms since early in 1940 when the census was taken. Estimates of farm population indicate that the total reduction in number of persons living on farms, from the beginning of 1940 to the beginning of 1942, amounted to about 1,200,000 persons. The net reduction during this year, 1942, may amount to 1,000,000 persons more. However, the migration has not been so distributed as to make for the most favorable relation of population to resources. Many of the areas which have given their young people the kind of training which makes it easy for them to get jobs in modern industry, and thus have helped their young people go away, are those same areas that are highly productive in agriculture, and are the areas that now have problems of finding sufficient laborers to replace the young people who have already gone out.

The more remote rural areas have not contributed as large a proportion of the total migration as might appear desirable. Some of these areas have also contributed—

Senator PEPPER (interposing). Excuse me just a minute. You don't mean that the migratory labor group has come principally from the best agricultural areas, do you?

Mr. TAEUBER. No, sir. What I meant was that the people who have left the farms to go into industry have come proportionately more from the better agricultural areas.

Senator PEPPER. I see.

Mr. TAEUBER. That is where we have the better schools, that is where the young people are more in touch with the employment possibilities off the farm, and they know how to operate machinery, they are familiar with many of the things they need to know to get jobs, and we have done a better job of locating our war industries in the more productive agricultural areas.

We made a field survey in northern Wisconsin during the past summer, which I think illustrates the point I have been making, namely, that in spite of the migration which has taken place, there still are many underemployed farm people in these poorer agricultural areas.

The College of Agriculture, the Farm Security Administration, the Employment Service, in the State of Wisconsin, had all been getting urgent demands for help in finding labor in the dairy part of the State, the southern, more productive area of the State. It was felt then that in the cut-over area where population had grown rather rapidly during the depression years, there were many small farmers operating units of such size or of such poor land that they couldn't possibly use effectively all of the labor, and that out of that group it would be possible to get some hired help for the dairy area farther south.

Well, a number of people went up there and in 3 of the counties they picked 7 townships for further study. They found that one-fifth of the employable men over 17 had already left, that is, one-fifth of the employable men over 17 who were there in 1940 had already left by the summer of 1942. But, when they talked to the local leaders and they got a complete list, they got the poll lists for these townships, and went down the lists with the local leaders, they had 22 percent of the employable males who were still there classified as underemployed, and that, I am sure, we will all recognize is a conservative figure, because when you talk to local people in these less productive agricultural areas, they find it very difficult to think of a man as underemployed; if he is busy all the time on his farm, perhaps putting around, perhaps not producing as much as a man putting in full time could, still he would be classified as fully employed, he is busy all the time. The group which they classified as underemployed probably represents a bare minimum.

Nonetheless, that seemed a sufficiently large volume of underemployment to warrant going further, and since then the State and local agencies there, including the agricultural extension service at the university, are taking steps to assist some of these families to move into the dairy areas of the State, primarily as hired hands.

They have moved a few, but I think the more significant part of the development is not that they have already moved a few, but rather that they have now developed a bit of machinery whereby they are going to assist the dairy farmers to get some help, and the farmers who are stranded on the poorer lands of the State to get into agricultural employment where they can make a much greater contribution to total agricultural production, and at the same time improve their own incomes and their own levels of living.

I would like to go back for a bit to outline some of the developments during the years preceding 1940, which I think have a bearing on the current situation. Ordinarily during a time like the present, we expect that improved employment conditions mean increased demand for the farm products, the food and the fiber produced on the farm, and also for the human product of the farm, which is normally quite large. Farm families are larger than families in towns and cities, and each year we have many more young people reaching maturity on farms than can possibly be absorbed in farming as such. We need to have some migration from farms if we are not to increase enormously the number of people living on farms and decrease the average level of income for them.

Senator PEPPER. At the present time, what is the division of the population of the United States generally between urban and rural areas?

Mr. TAEUBER. It is about 23 percent on farms; and about 21 percent in the small towns and cities under 2,500—that is what we call rural nonfarm, which includes people in unincorporated places in the open country; and a little more than 50 percent—56 percent, I believe it is—in cities of 2,500 and over.

I have a map here which shows the farms which, in 1940, had the value of products used at home as the most important part of their total agricultural production.¹ I think you will see there the heavy concentration in the Appalachian Mountains, extending on downward, and then some concentration in the Ozarks, Wichita Mountains, Arkansas, eastern Oklahoma. And there is the location of the rural-farm population in 1940 on this other map, with fairly heavy concentrations, relatively large numbers of people.²

Senator PEPPER. What does this indicate?

Mr. TAEUBER. Simply the location of the farm population. One dot represents 500 people, I believe—no, one dot represents 2,500 people on that map.

Senator PEPPER. And there again, in the South is the greatest concentration, isn't it?

Mr. TAEUBER. Yes, and you see a very heavy concentration in this same area.

Then we have this map [indicating], showing the places where farm population increased between 1930 and 1940. Each dot there represents an increase of 500 people from 1930 to 1940.³

Senator PEPPER. What is this area on the Mississippi?

Mr. TAEUBER. That is the Delta.

Senator PEPPER. The Mississippi Delta?

Mr. TAEUBER. Yes.

Senator PEPPER. There again, the increase is in the Appalachian area?

Mr. TAEUBER. Yes.

Senator PEPPER. And in the Mississippi Delta?

Mr. TAEUBER. Yes. Of course, there is a good deal of new land opened up for settlement, cut-over land, in the Delta, which pulls people in from the nearby plantation areas.

Then this map [indicating] shows the counterpart to it. Those were the areas where there were decreases in farm population.⁴ You see your Great Plains and extending down into that one area in Texas.

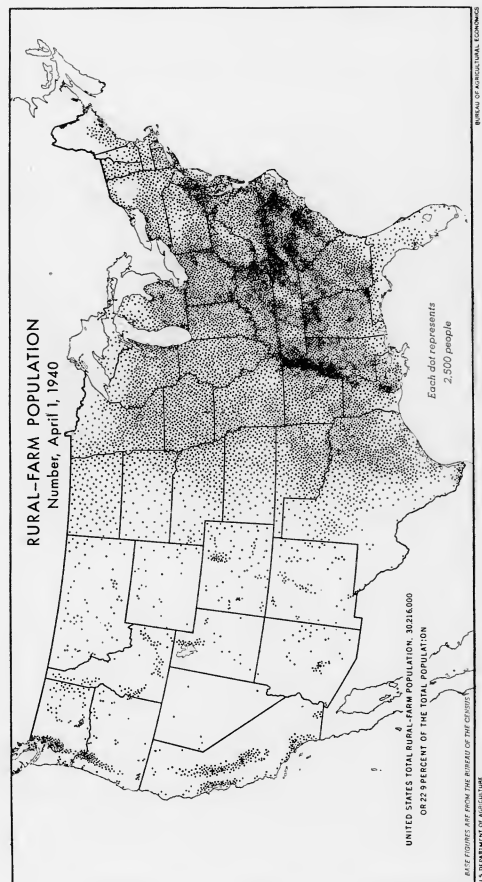
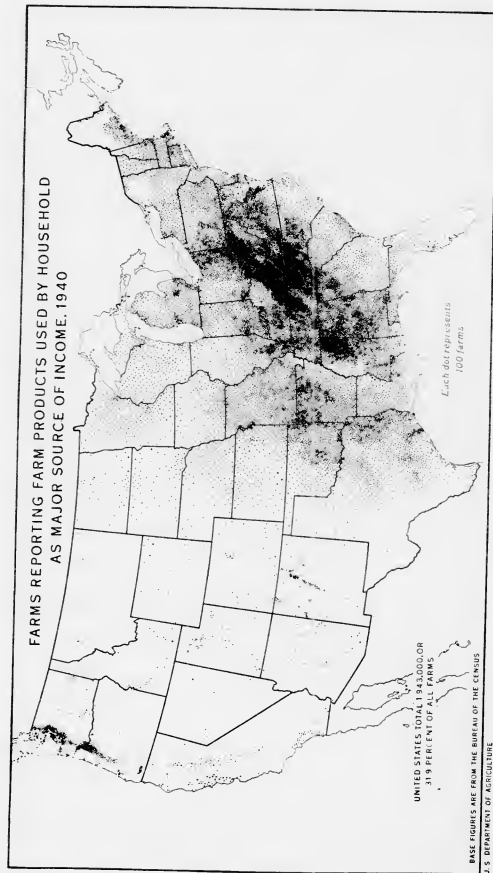
Senator PEPPER. Decreases in farm population?

¹ See map on p. 8.

² See map on p. 9.

³ See map on p. 10.

⁴ See map on p. 11.



Mr. TAEUBER. Yes.

Senator PEPPER. That is in Oklahoma, Texas and into the Great Plains?

Mr. TAEUBER. Yes; all through the Great Plains.

Senator PEPPER. And then on the eastern side of the Appalachians in South Carolina?

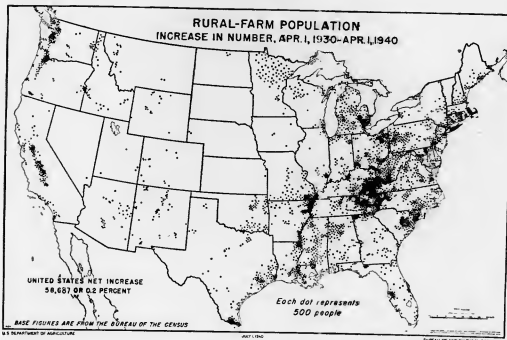
Mr. TAEUBER. Yes, sir.

Senator PEPPER. Georgia and parts of Alabama?

Mr. TAEUBER. That is right.

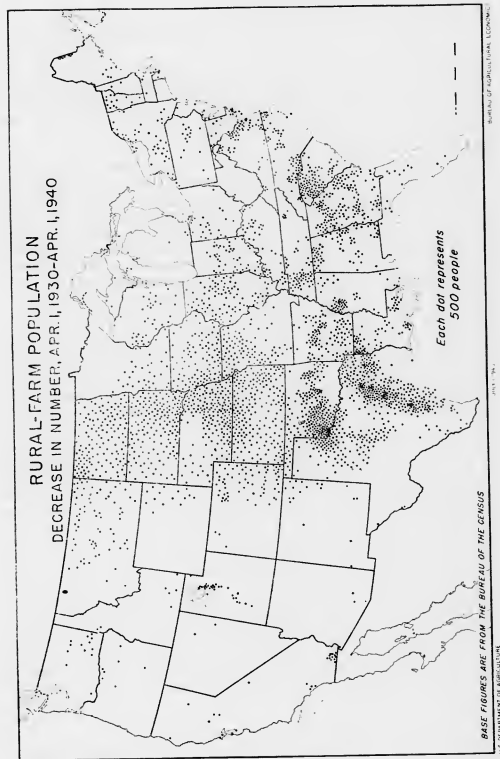
Senator PEPPER. Parts of Arkansas?

Mr. TAEUBER. That is Mississippi. Of course, that is all through the cotton area. With the reduction in cotton acreage, there was also a reduced need for workers on farms.



One of the important developments during the 1930's that I believe has a bearing here, is that migration away from farms was slowed down to much less than it had been during the 1920's, with the result that we started in 1940 with about 2½ million persons on farms who would not have been there if migration had been at the same rate as during the 1920's. In other words, during the 1920's we had perhaps a normal rate of migration from farms. It amounted to a net of about 6,000,000 people leaving farms during the 1920's for towns and cities; and during the 1930's the number was much less, and we estimate that if the rate of migration during the 1930's had been the same as during the 1920's, the net movement from farms during the thirty's would have been about 2½ million more than it really was. In other words, we had 2½ million people on farms more than we would have had at the same rate of migration. There is part of the backlog of farm population that we had built up.

Senator PEPPER. What was the percentage of migration from the farms in the twenty's?



Mr. TAEUBER. From the farms in the twenty's, the net for the 10 years is about 6,000,000.

Senator PEPPER. And in the thirties?

Mr. TAEUBER. In the thirties the net is about 3,700,000.

Senator PEPPER. Well now, is that in excess of the normal migration from the farms?

Mr. TAEUBER. Of course, we have no normal. I was using 1920 to 1930 as a normal when there were employment opportunities.

Senator PEPPER. Well, generally speaking, during that time I would say the emphasis was on industrialization and industry and commerce, where things were booming, as it were.

Mr. TAEUBER. That is right.

Senator PEPPER. Whereas, during the 1930's, there was industrial depression, which naturally slowed down migration from the farms.

Mr. TAEUBER. Yes; but which meant, however, that although between 1930 and 1940 the total number of people living on farms remained the same, we do have these kinds of shifts. There are areas that continued to lose. Some of these areas, particularly the poorer areas, continued to increase. We increased farm population to a large extent in the areas that could least afford the increase.

Senator PEPPER. How do you account for that?

Mr. TAEUBER. I think a large part of that grows out of the fact that in those areas we have relatively high birth rates, have had high birth rates for a long time, and we have relatively poor schooling facilities; and those are also areas where land is cheap, where levels of living are low, and where, during the thirties, for many young people there just was no out, the only thing that they could see ahead was to go off perhaps on a neighboring farm, perhaps split up the old farm. We have instances in the hills of Kentucky where farms have been split into smaller and smaller units to make places for the sons as they came along; and in addition, in those same areas, there was a good deal of return migration, people who had gone out before 1930 came back in because they could find a piece of land cheaply, perhaps a piece of land on which they could squat, and it was easy enough to find a shack or build one, and it was possible at a very low level, for a time at least, to weather out the depression that way.

The other thing is that those are the areas of our highest birth rates, and proportionately the same effects on holding back young people wouldn't have resulted in the same increases in the Corn Belt in Iowa, say, where birth rates are much lower. The ratio of young people coming on, to older men who die or retire, is much less.

For the country as a whole, if we stopped all migration from farms for a generation and kept the same birth rates that we had just before 1940, the total farm population would increase by about 35 percent. In the South it would be better than 50 percent under the same conditions. In the North, obviously it would be much less than 35 percent.

Putting that in another way, consider that every man over 20, every man between 20 and 64 on farms who dies or reaches his sixty-fifth birthday and then retires, if we get our vacancies in the farm group that way, then we have coming on now about 184 young men reaching maturity and ready to step into the shoes of every 100 older men who die and retire. In other words, we have many more young men coming on than we have vacancies. Again, this goes back to the

statement I made a moment ago, that we really need to have some migration away from farms in order to maintain the balance. Our farms are constantly producing an export crop of young people whom with agriculture organized as it is at the present time, we cannot absorb there, and whom at the moment we need elsewhere.

But the rates of migration that we have had since 1940 have been much more than enough to take care of that excess, they have actually brought about reductions in the number of people on farms. On January 1, 1940, we had 30,269,000 people on farms. On January 1, 1942, it was 29,048,000, a decrease of about 1,200,000, and it is still going down. The net migration from farms during 1940 and 1941 was about 2,000,000 persons, in 2 years. That, as compared with the situation before 1940, is very large. The average for 1930 to 1940 is about 350,000 a year. During the 1920's it was about 600,000 a year. In 1939, just to give a few more figures, it was about half a million. In 1940 it was up to 700,000. In 1941 it was up to 1,400,000. We don't know yet what it is in 1942.

Of course, not all of the net migration represents a loss. We still have each year about 400,000 more babies being born on farms than there are deaths, so we have a partial off-set to that net migration in the excess of births over deaths.

The most important element in the migration since 1940 has been the movement to nonfarm jobs. All the evidence we have indicates that more people have left the farms to take nonfarm jobs than have left the farms to go into the Army.

It is a little difficult to estimate exactly the number of farm men who have joined the armed forces, but our estimate is that during the past year the number is probably about 500,000.

Senator PEPPER. About 500,000 men?

Mr. TAEUBER. Yes.

Senator PEPPER. Who went into the armed forces?

Mr. TAEUBER. Yes; the Army, Navy, and Marines.

The estimate for last year is that there was a total migration—this is gross—of about 2,000,000 persons from farms, which includes the men who went into the armed forces. In part this is offset by the migration of 800,000 persons to farms during the same period. In other words, when many people are leaving the farms, we also have quietly, relatively unnoticed, but nonetheless very real, a large number of persons going to farms, sons and daughters who don't find the job they hoped to get and return; sons who give up the jobs which they have had in order to go back home and help dad or take over the place, perhaps; men, families living in various parts of the country, who would like to try farming; perhaps tenants who lost their farms during the depression years and who now find a chance to go back into farming. For various reasons, when many people are leaving farms we also have many people going to farms, so when I say 2,000,000 gross migration from farms, that is partly offset—only in part—by the migration to farms, and the net, instead of 2,000,000, is only about 1,200,000.

There is, however, one other source of loss to the farm population, which is rather serious, and that is the shift of people living on farms into nonagricultural occupations, without leaving the farms. The statistics I have been quoting refer to people who actually left the farm. There were, in 1940, about 2,000,000 people living on farms

who were primarily engaged in nonfarm work. In other words, the farm was simply a place of residence.

Many of them were sons and daughters of farm operators who preferred living at home and commuting to their jobs.

By the middle of July 1942, we estimate that there had been an increase of 1,400,000 persons living on farms but working primarily at nonagricultural occupations.

An estimate which we made in August concluded that altogether, the net shifts in occupation and the migrations which had occurred, amounted to a loss of 2,000,000 workers from the on-farm agricultural labor supply between April 1940 and July 1942. But that doesn't mean that we have 2,000,000 fewer workers in all than we had before. As a matter of fact, the losses have been largely replaced. Employment on farms at the middle of 1942 was almost as large as it had been in 1940. Part of that is made up by the fact that these young men were reaching working age, there were enough of them to provide 400,000 to replace that loss of older men. The volume of unemployment among farm and nonfarm residents has been reduced, and there have been many more women and children working on farms in 1942 than there were in 1940; and as a result of various efforts that have been made, we have been able to maintain at the same level the number of people not living on farms who work in agriculture, that is, that is where we get some of the migratory workers. Many of the seasonal workers still come out from towns and cities to work on farms.

The present indication is that there will be a continuation of migration from farms in order to meet the demands of both the armed forces and industry. Again going back to an estimate we made last August, our picture was that agriculture would have to replace about 1,000,000 workers between the middle of 1942 and the middle of 1943, that that loss of 1,000,000 would involve some 700,000 men, of whom perhaps 500,000 would go into the armed forces. I think that 500,000 is probably low in the light of the statement made by the Secretary of War yesterday.

The replacement would have to come about very largely by using more women and more children in agriculture, and by increasing somewhat the number of people not living on farms who are available for seasonal agricultural work.

You asked a moment ago about the areas of shortage. We, in an attempt to get at one end of this shortage picture—namely, the shortage of regular hired help—have mapped the farms that used hired labor by the month in the spring of 1940. That is the nearest figure we can get to the farms that use year-around hired help. We found that there are some 500,000 farms that used hired help by the month in the spring of 1940. The number is probably up somewhat by now. Those are concentrated. There are 11 counties that have a thousand or more farms which needed that type of help, and 156 counties in which there were 500 to 1,000 farms using that kind of help. Those are primarily in the dairy area. New York, Pennsylvania, Wisconsin, Illinois, Michigan, Minnesota, and Iowa are the major States in which that kind of help is required. California and Washington also come into the picture.

It seemed to us that we need to distinguish between several kinds of need for farm labor. There is, on the one hand, this type of situation in which the need is for steady, year-around hired help. There

is, on the other hand, the situation in which the need is for seasonal, short-time employment, very short-time and in relatively small numbers, the kind of situation in which the recruitment of the townspeople, closing the stores, recruiting the high-school youngsters, that sort of activity, has been quite successful this past year. Then there is the other end, the requirement for seasonal, highly seasonal, migratory workers. They are used for only a short season, but they are needed in such large numbers that it is hardly possible to get them by the use of entirely local help.

The approach to those three problems seems to us to be quite different.

The one group where year-around hired help is needed is perhaps the group of farmers that is most likely to benefit from a program like that which the Secretary outlined, of getting some of these underemployed farm families into more productive agricultural employment. That is the place where that program would seem to be most effective.

Senator PEPPER. Now where did you say, geographically, such situation exists, where there is a need for that type of labor?

Mr. TAEUBER. Primarily in the Dairy Belt, New England and then running along the Great Lakes to Wisconsin and Minnesota, and then to some extent on the Pacific coast.

Senator PEPPER. Well then, in order to get the type of labor that those areas need most, that is, the year-around employees, probably taking into consideration transportation facilities and the economy of travel involved, it would be desirable to start a plan of recruitment as close to these areas as possible, and then keep on going to more remote areas until the plan failed or until they got the number that might be needed?

Mr. TAEUBER. Yes.

Senator PEPPER. For example, I suppose that a county agent—is there a county agent in practically every county?

Mr. TAEUBER. Yes, sir.

Senator PEPPER (continuing). That the county agent might make a sort of a census, together with the proper organization, of manpower, to find out how many people in that area might be willing to go to this type of work. Then tell them about what the wages and salaries would be, something about the general living conditions; then arrange transportation for them to get there, and have some provision made for their residence when they arrive, being looked after, some place of intelligent assignment when they got to these areas?

Mr. TAEUBER. Yes.

Senator PEPPER. Somebody to look after them until they did get assigned.

Mr. TAEUBER. Yes.

Senator PEPPER. Would that probably be about the most feasible way of solving the problem?

Mr. TAEUBER. Yes.

Senator PEPPER. Of course, if you couldn't find them in the same State, then you would go into the adjoining State, and then on out in everwidening circles until you reached the Appalachian area, and you might allow an opportunity to volunteer—of course, it would be an opportunity to volunteer to those people, and you might find a great

many people who, if they had transportation provided and these assurances given them, would be willing to pull up stakes, as it were, from where they were and go into a new area and try a new place as a home. But that, of course, contemplates a Nationwide agency that understands the problem and has the machinery with which to meet the problem.

Mr. TAEUBER. And it contemplates also that we can meet the problems that come in inevitably when you start recruiting workers in one State for work in another State. There is a good deal of resistance in many States to the very notion that they have a surplus of labor. We may be able to demonstrate, with all the figures at our command, that they do, but to demonstrate it in such a way that they become willing to accept the possibility of recruiting people in their State for work elsewhere, on a positive basis, is quite another problem.

Of course, you are quite right in this notion that in many places the migration would be a very short one. This Wisconsin situation which I illustrated, that involved about 150 miles. Now there are parts of the country where, within the same county or within adjoining counties, you would find areas in which you could make the transfer if the proper agency were to step in and take people out of the poorer area of a county and help them get located in the better area.

Senator PEPPER. That program would, of course, contemplate the maximum use of, as you say, women and people already in an area where there is a shortage, including seasonal use of school children, and that sort of thing?

Mr. TAEUBER. Yes.

Senator PEPPER. Now the greatest congregation of farm population is in the eastern half of the United States, in the first place, isn't it?

Mr. TAEUBER. Yes.

Senator PEPPER. And within that area the greatest concentration is in the South?

Mr. TAEUBER. That is right.

Senator PEPPER. And within that area the greatest concentration is in the Appalachian area and in the Delta section of the Mississippi?

Mr. TAEUBER. That is right, especially when you take persons per square mile.

Senator PEPPER. Generally speaking, how is the volume of farm production distributed over the United States? That is, what sections of the country contribute the most farm products?

Mr. TAEUBER. That would be a group of States that would run through here [indicating], it would be the Corn Belt. That would be one of the areas.

Senator PEPPER. That is the Corn Belt?

Mr. TAEUBER. That is the Corn Belt [indicating]. Then the Delta, the Mississippi Delta, would also stand out because of their high production of cotton. Then you would get scattered spots, this area [indicating].

Senator PEPPER. The vegetable area of California?

Mr. TAEUBER. Yes. And, of course, your own State.

Senator PEPPER. The vegetable area of Florida?

Mr. TAEUBER. Yes. Those are the major agricultural production areas.

Senator PEPPER. That leads me to note, Mr. Taeuber, that the Appalachian area [indicating] has a great concentration of people but does not have a great volume of agricultural production.

Mr. TAEUBER. That is right.

Senator PEPPER. Now, then in order to occupy those people, in order to give them that employment which will render the greatest contribution to the Nation, it seems to me that you have got to do one of three things: You have either got to move them to more productive areas, or you have got to give them more land and more machinery with which to work, or you have got to convert them into industrial people, that is, to find industrial nonfarm jobs for them.

Mr. TAEUBER. That is right.

Senator PEPPER. Either as a result of migration or as a result of locating industrial operations in those areas.

Mr. TAEUBER. That is right.

Senator PEPPER. Now, the first suggestion, to move them out, involves, as you intimated a moment ago, a great many difficulties and problems.

Mr. TAEUBER. Yes; but let me add that people have been moving out of that area and are moving out now.

Senator PEPPER. Then it might be desirable to try to move them out into other areas where they can render more productive work on the farms, or it might be desirable to move them out into industry, because most of them are people who have native intelligence and, although unskilled, a capacity to learn to do things with machines.

Mr. TAEUBER. Yes: as I think Detroit demonstrated for us during the 1920's.

Senator PEPPER. That is right.

Now, either one of those suggestions, or the location of industry in their midst, are nearly the only possible courses, if I understand you correctly, because the land just isn't there to give them more land, is it?

Mr. TAEUBER. No; it isn't.

Senator PEPPER. And to increase the equipment that they have only partially solves the problem, the soil and the volume of land available is simply not such as to justify concentration upon those areas for farm productivity?

Mr. TAEUBER. That is right.

Senator PEPPER. They are better suited for industrial operations than they are for large agricultural production.

Mr. TAEUBER. Yes, sir.

Senator PEPPER. So, as you perhaps intended to suggest in your earlier testimony, it may be that this period is the Godsend to that area. In other words, it may be that this time when it is important to utilize to the maximum all the manpower that we have, is the time when we should begin to solve that problem of concentration right there, of people who are not contributing as much as they should contribute to the country, and at the same time to get their greatest contribution to the war, and at the same time to offer the most permanent solution for their problem.

Mr. TAEUBER. Yes, sir. I don't believe that anyone wants or would want—to offer one other partial alternative—and that is that we should recruit our Army from the poorest areas.

Senator PEPPER. I am not speaking about the Army, I hadn't intended to refer to the Army at all. I am talking about purely non-Army matters, I mean going away from that area to farms where they can produce more and get a larger income, or going away from that area to industrial jobs where they can get a larger income.

Mr. TAEUBER. Yes.

Senator PEPPER. Oh, no; I didn't mean in any sense—

Mr. TAEUBER (interposing). I was just following what I thought was an assumption that we would continue to draw the Army from Agriculture, from the productive areas as well as from the less productive areas, and that therefore—

Senator PEPPER (interposing). That is true, that involves the principles of fairness and equality of sacrifice which cannot be overlooked.

You have got to blend two principles, one is what is fair in respect to making people enter the Army; and in the next place, from the viewpoint of the national interest, who can best be released from some other essential work.

Mr. TAEUBER. And, therefore, we will continue to need to have some replacements for boys going into the Army out of our most productive areas.

Senator PEPPER. Of course, we will.

Well now, have you finished?

Mr. TAEUBER. I wanted to make just one other point which bears on this, namely, that it seems to me that we can look forward to further losses of manpower in agriculture. We may try, as a matter of national policy, to freeze people in agriculture. I think the experience of other countries—take Germany, as an illustration, which tried it in 1933, 1934 and 1935—demonstrates that that is not a very feasible approach. I rather feel that if, with all the controls that they had in operation even before the war began, they were unable to freeze people in agriculture—such evidence as we have indicates that throughout that period the Government and the various public agencies were concerned with what they called the flight from the land, people leaving agriculture to get into industry because they were getting better jobs, they found better living conditions in industry—if it couldn't be done there, with the type of Government control, permeating into the lives of every individual, that they had, I rather doubt that we would find it a very feasible policy here.

We probably will continue to find, even in our more productive agricultural areas, that some people will leave for more attractive jobs elsewhere. Perhaps it is in the national interest that they should, perhaps it is in the national interest that we go through this process of replacement, of letting the people who have skills, that are better adapted to some other kind of occupation, leave agriculture, provided we can make the replacements to keep up agricultural production.

And as you stated a moment ago, we will undoubtedly continue to draw the armed forces from the more productive agricultural areas as well as the less productive agricultural areas. In other words, we will probably, within the next year, have even more acutely before us the problem of the distribution of our total agricultural labor force.

I think it is fair to say that at the present time we have many local labor shortages, but we do not have an over-all agricultural labor shortage. We still have almost as many people working in agriculture and producing about 13 percent more than a year ago, and yet we have substituted women and children and older people for the losses in the young, active, adult age group. And apparently we are going to have to do much more of that, and perhaps concentrate our

available agricultural labor force in the areas where we can get the types of agricultural products that we need.

Putting it as a problem of distribution doesn't eliminate the problem, but I think it gives us a point where not only the Federal but also the State and the local governmental agencies can very actively get into the picture and cooperatively do some of the things that have to be done.

Senator PEPPER. In other words, Mr. Taeuber, a freezing of agricultural labor and agricultural populations where they now are would be no general solution for our agricultural war-production program, which needs to have these people at the very points where it has been losing them, rather than at points of present surplus?

Mr. TAEUBER. Yes. If we freeze them where they are, then we freeze many people in areas of very low productivity, and we probably prevent the necessary movement into the areas where we can produce the crops that are most needed in the war effort.

Senator PEPPER. That then necessitates the decision of this matter of agricultural deferment upon a Nation-wide basis rather than as a local matter, does it not?

Mr. TAEUBER. Yes. There are two points on that. The first one is that it is only by looking at it from the national point of view that we can balance the apparent needs of the various crop areas. That is, if we eventually get to the point where we are going to have to give some crops preferment over others because they are more important to the war effort.

To us the thing that has become commonplace over in our office, is the question of whether we want milk or watermelons. But if we do face that kind of a question in relation to agricultural manpower, then we do need to have the national point of view.

And the second item that seems to be coming up in many of these agricultural areas is that if it is left to the individual farmer to ask for deferment for his son or his hired man because they are essential workers, there is likely to be a great deal of hesitation on his part because of his standing in the community, and an unwillingness to appear to be in a position of asking for some special consideration for himself or someone who is closely related to him.

Senator PEPPER. All of which simply proves that you cannot fight a total war without total mobilization, and that means the total use of your resources, and that private interests have to be subordinated to public interest, and that policies for the use of resources have to be formulated upon a broad and comprehensive understanding of the nature of the problem and the capacity which we have to meet it, and principles have to be formulated by the Government to be applied to a meeting of the various situations. You cannot leave it to individuals or local communities to formulate policies and take steps that will adequately meet the problem.

Mr. TAEUBER. That is right.

Senator PEPPER. Have you anything else now, Mr. Taeuber?

Mr. TAEUBER. No; that is all.

Senator PEPPER. I would like to ask you, Doctor, whether, in your opinion, there is any need for occupational deferment boards operating in the various regions upon an area basis rather than a local basis?

Mr. TAEUBER. If I understand the question correctly—and this is a personal opinion—I would say very definitely that there is. It

seems to me that the determination of whether a worker is essential to agriculture rests really on two considerations: (1) Is the crop an essential one in wartime; and (2) is this individual an essential part of the total productive organization for that crop—that that determination should be made entirely outside of any action which the individual himself may take. In other words, that a deferment board should be able to operate in such a way that the individual deferment status is determined, whether or not he ever makes any effort to have it done one way or another. That is, as long as we put any degree of pressure on him to come in and prove his case, we are going to find that many essential workers in essential crops will not do it because of the pressure of the local community.

And if, by an area basis, you meant that we can't do it county by county, I believe that is correct. The migration away from farms has been such that the present system is already drawing categories of people into the armed forces in one area who are still deferred in another.

Senator PEPPER. Your suggestion about whether we are to have milk or watermelons brings up the question of what is going to happen to the farmers who are accustomed to growing watermelons, for example, and who are requested to produce milk, or some other article or commodity. They have obviously got to have the help of some governmental agency that will assure them, in the first place, that it will take their output at a fair price so that they will be justified in undertaking such a program.

So it seems to me that the Government is going to have to formulate, for example, what our agricultural needs are, that is the first thing, that have got to be met within the continental United States, we will say. Then if the normal areas and normal people, or the available people in the normal areas will not produce enough of those given necessities, then we have got to cut out some nonessential crops and get people who might be producing the needed crops in areas where they might be produced, to produce those crops.

Now that means that maybe there will have to be financing to those people, maybe to buy certain equipment or maybe to buy certain seeds; maybe to do certain other things that will be necessary, maybe to pay an installment on their mortgage. But I can see how it is going to be necessary to tie in the manpower problem with, you might say, the lend-lease program, or with the Surplus Commodity Corporation—in other words, with the buying power of the United States. So this whole thing has got to be integrated into a single relationship so that when the Government's over-all needs are determined, then the machinery to produce those over-all needs will be set up and set into operation, and there has got to be a governmental agency that has the power to act. It may be to require the migration of labor to a given community; it may be to employ to a maximum use, labor that already exists in that community; it may be to divert production from nonessential to essential agricultural activities; it may mean to give a contract to every farmer in a community to "grow a certain article, and we will pay you a minimum fixed price for it, you can go on and not be worried about the market, we will give you a minimum price for it, we will lend you the money to buy the seed or to make the product."

So that I can foresee, I can visualize a program like that, so coordinated and so integrated, as getting results, and if there is a shortage somewhere they will either get more labor in there or more machinery in there to make the labor more efficient; they will make labor there, that is not doing that kind of work, do it. Or they will say, "We need so many farm families; we have arranged some migrant labor camps here in which they can live; we have found houses in which they may find residence, that are not occupied; we have found farm or urban families that will take them into their homes while they are working; send me in 50 male workers, or 25 female workers, and so many boys over 16 years of age, for example, we have got arrangements made to use them here."

Then somebody can issue a transportation slip to pay their way in a train or bus, or buy gasoline or something to get there. You may need somebody to give them a gasoline card to buy gasoline.

But you can't wait until you get in touch with Mr. Leon Henderson up here in Washington to get 4 or 5 extra gallons of gasoline to get there, and have him held up 4 or 5 miles out of town because he can't get in. You have got to have it all coordinated into an integrated agency to carry out a program of agricultural production, it seems to me.

I wonder if there is any part of that speech you agree with?

Mr. TAEUBER. I would like to add only one small footnote to it, perhaps, and that is this—in spite of all the problems and in spite of all the individual dislocations that that means, I think it also means that we have the opportunity now for making adjustments which are needed as part of the wartime effort, but which are exactly in line with what agricultural workers in these States have been telling us for years are the adjustments that ought to be made.

Senator PEPPER. How well what you say illustrates the thought that I have had for a long time, that when you make the Nation healthy, when you make the Nation strong, when you make the Nation productive, you are not, as some of our good friends think, throwing away money and committing an extravagance, but that is an economical expenditure of money and that is a program in the national interest, isn't it?

Mr. TAEUBER. It certainly is.

Senator PEPPER. We have come to realize now that these old folks that we used to want to drown, to get rid of some way or other, the old W. P. A. and the poor folks on the farm that we had to beg Farm Security funds for, that now, instead of being a liability, they are an asset to the country, we need them.

And it is just a question of now fitting them so they can serve best and getting them to the place they can serve best. Yet I know a lot of conscientious people who used to think that it was an utter extravagance to get anybody a job on the W. P. A. or to give them any public-health benefits.

So it may be that this war is offering the dark chasm through which we may find a brighter light than we have ever seen before.

Well, Mr. Taeuber, we are very much obliged to you for coming; you have given us very helpful information.

Mr. TAEUBER. I would like to submit those two maps which I mentioned earlier, which didn't arrive.

Senator PEPPER. Will you put them in?

Mr. TAEUBER. Yes.

Senator PEPPER. Would you like to state what those maps will show, and then we will put them in?

Mr. TAEUBER. The one map will show the location of farms reporting year-around hired labor, and the other will show the location of the farm families whom I mentioned as being a potential labor supply.

Potential farm labor supply is based on the number of farms which in 1939 reported less than \$600 worth of products sold, traded, or used, with allowance for those operators who reported work off the farm amounting to 100 days or more and for those operators who were beyond the age when relocation would be relatively easy. In the South, sharecroppers were not considered as farm operators.

Nonseasonal farm labor employment includes workers hired by the month during the week, March 24-30, 1940, and in the South sharecroppers are also included as farm labor.

Many counties, especially in the South, are included in both categories, utilizing relatively large numbers of regular farm workers and including many operators of relatively unproductive farms. In the Great Lakes States, a large portion of the areas using regular farm labor are very near the centers of war industry, which has intensified the competition for the available labor force.

Although these figures apply to 1940, and the situation in some counties has changed since then, the general picture shown by the maps is still substantially correct.

Senator PEPPER. All right, with that explanation, both of those will be put in the record when furnished.

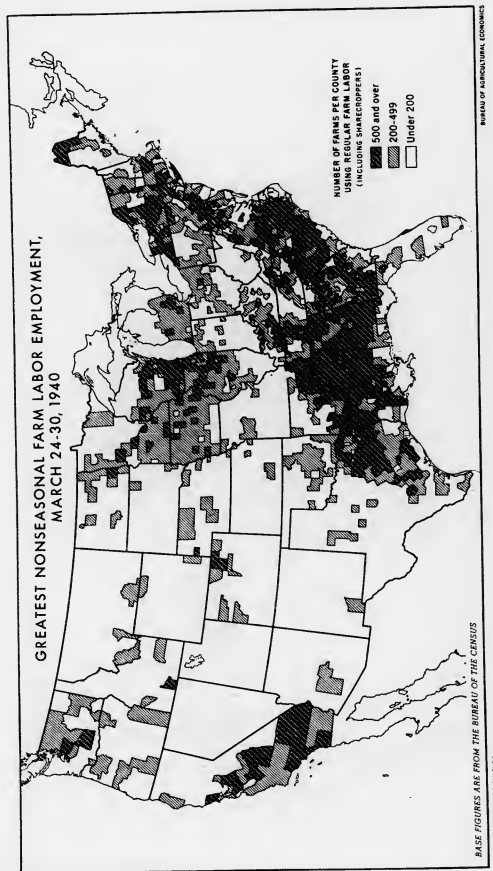
[These maps appear in following pages.]

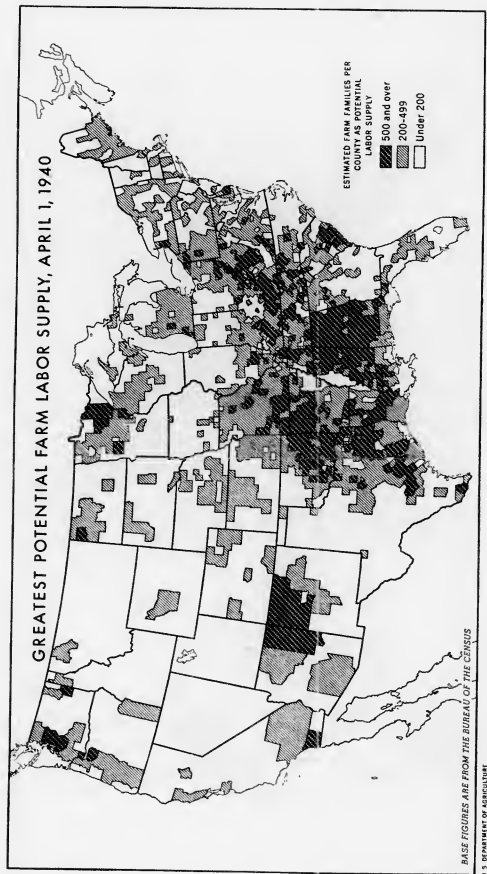
We will also insert in the record the four map charts which you presented here today.

I am very much obliged to you, Mr. Taeuber.

The committee will meet again tomorrow afternoon at 2:45 o'clock.

(Whereupon, at 12:05 p. m., the committee recessed until 2:45 p. m., Friday, October 16, 1942.)





INVESTIGATION OF MANPOWER RESOURCES

FRIDAY, OCTOBER 16, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 2:45 p. m., in the Committee on Education and Labor committee room, United States Capitol, Senator Claude Pepper (acting chairman) presiding. Present: Senators Pepper and Schwartz.

Also present: Dr. Robert K. Lamb, special assistant to the committee.

Senator PEPPER. We are fortunate in having with us this afternoon Mr. J. C. Capt, of the Bureau of the Census, and we will ask Mr. Capt to address himself either to the subject of this resolution or to any phase of the question of manpower or the human resources of this country which he might like to discuss. We are grateful for his coming.

STATEMENT OF J. C. CAPT, DIRECTOR, BUREAU OF THE CENSUS

Mr. CAPT. Mr. Chairman, I think it wiser that I submit a written statement, which I will read if you wish, or merely file for the record; Senator PEPPER. We will be glad to have you read it.

Mr. CAPT. This subject is a highly technical one. I am not familiar in detail with all the technical phases of the problem.

Senator PEPPER. Let me say this by way of explanation to those who were not here on the previous two meetings. The first day we had Mr. Biddle of the Bureau of the Budget who discussed, in executive session, the experiences of the British and the organization of the British in dealing with this question of manpower. He exhibited to us charts that indicated his own ideas on the organization that the British had set up to meet the demands of this problem.

At our immediately past meeting we had Mr. Conrad Taeuber of the Department of Agriculture, who discussed the subject of agricultural labor shortages and surpluses. He gave a review of the agricultural situation as it is affected by the subject of manpower, and made some very interesting observations.

Now, today, we are fortunate in having Mr. Capt with us, whose subject I think will pertain to the urban manpower situation. You may go ahead now, Mr. Capt.

Mr. CAPT. All right, sir.

Dr. Hauser, Dr. Eckler, and Mr. Northrup of our staff are the expert technicians dealing with this problem and are prepared to answer questions along technical lines that may be raised by this formal statement of mine.

This factual statement, submitted at the request of the chairman of the subcommittee, has not been cleared with the Bureau of the Budget.

Any approach to the study of manpower problems must begin with an examination of the basic facts concerning the Nation's human resources. The Bureau of the Census has been making a major contribution to the war effort in the compilation and presentation of such facts. An immense body of information on the size, distribution, and characteristics of our population is now available from the Sixteenth Decennial Census taken in April of 1940—a period just prior to the vast expansion of our war industry.

In April 1940 the total population of continental United States was 131,700,000, of whom 101,100,000 were 14 years old or over; almost exactly half of these were males and half were females. Of the 50,600,000 males, 40,000,000 were already in the labor force, and of the 50,500,000 females, 12,800,000 were in the labor force. Of the 52,800,000 persons in the Nation's labor force at the time of the 1940 census, over 8,000,000 workers were unemployed, and therefore constituted the first line of labor reserves.

The next line of labor reserves consisted of the housewives, students, and other persons who were not in the labor force at the time of the 1940 census. A study of a few simple facts about the age distribution, marital condition, and dependency status of these people permits their segregation into those potentially available for war work, and those who probably are not available.

There were 10,600,000 males not in the labor force in March 1940. Three million of these men were reported as permanently unable to work, and 700,000 were inmates of institutions—groups from which few war workers could be recruited. Of the remaining 6,900,000 males, 3,900,000 were boys 14 to 17 years old, most of whom were in school, and 700,000 others were men 65 years of age or older, most of whom had retired. While some of these older men might take jobs, the number would not substantially increase the supply of labor. Likewise, youths under 18 represent but a temporary increase in total labor supply since they enter the labor force mainly during school vacations and at seasonal peaks of employment. The remaining 2,300,000 men between the ages of 18 and 64 were therefore the main source of any possible increase in the male labor force in March 1940.

It is obvious from the above figures that the labor force could be substantially increased only through the addition of large numbers of women. There were 37,700,000 women 14 years old or over who were not in the labor force in March 1940. Of these, 4,500,000 were girls 14 to 17 years of age, mostly in school, and 4,300,000 were women 65 years old or over. It is likely that neither of these groups would provide substantial numbers of war workers, although girls 14 to 17 years old might enter the labor force as seasonal workers.

The principal conditions affecting the availability of the 29,000,000 women 18 to 64 years old are marital status and responsibility for the care of young children or other dependents. Census data available on household responsibility show that about 23,100,000 were married women living with their husbands, and 5,800,000 were single, widowed, separated, or divorced women. Considerable numbers of this latter group might enter the war labor market, although over 40 percent

of them were from 45 to 64 years of age, an age range reducing their acceptability to employers. The largest source of female labor was among married women whose participation in war work would be hindered by responsibilities for the care of children, lack of financial necessity to work, lack of training, and other considerations.

Preliminary census figures on the number of married women with children under 10 years of age in the homes of these married women provide valuable indications of the numbers of these potentially available women who might enter the war labor market. The data are also valuable in indicating to some extent the need for nursery schools to care for preschool children of working mothers. Of the 23,100,000 married women at the time of the 1940 census, there were 13,200,000 who had no children under 10 years of age; 6,200,000 of these women were 18 to 44 years old, and 7,000,000 were 45 to 64 years old. It is from the group of married women 18 to 44 years old, without children under 10 years of age, that a considerable number of additional war workers probably must be drawn.

In the above discussion, we have shown the various categories of nonworkers in March 1940 from which it is most likely that additional war labor can be drawn. Many of these people have probably already entered the labor market, but the several categories still represent the principal sources of additional workers. It should be noted that the figures give only a very broad picture of the true potentialities, since factors of geographic location, rural residence, and lack of nearby job opportunities will operate to reduce sharply the numbers in these categories who may actually be drawn into the war labor market.

Changes since 1940: The data available from the 1940 census must be interpreted with allowance for important changes that have taken place in the labor market since 1940. Fortunately, data indicative of these shifts based on actual field surveys are available in the monthly report on the labor force, prepared by the Current Surveys Section of the Bureau of the Census. A brief discussion of changes in the broad labor market groups over the past 2 years is given below.

The labor force: As of September 1942, the total labor force of the country plus the number in the Army included about 58,400,000 persons, of whom 52,400,000 were employed, 1,700,000 were unemployed, and around 4,300,000 (this figure is based on the statement of the Secretary of War, October 14, 1942, that the size of the Army was about 4,250,000) were in the Army. Including military personnel of the Army, the labor force has increased by 2,900,000 since September 1940. About one-third of this increase, or approximately 1,000,000, represents the normal change resulting from population change (aging) over a 2-year period, and the remainder represents an unusual increase arising out of special wartime conditions. On the other hand, the civilian labor force is now about 800,000 smaller than 2 years ago. More specifically, women in the labor force have increased by 1,500,000—from 13,400,000 in September 1940 to 14,900,000 at the present time—but men in the civilian labor force have declined by 2,300,000—from 41,500,000 to 39,200,000—over this 2-year period. This is another way of saying that the entrance into the labor market of housewives, students, and other nonworkers to fill war jobs has not been widespread enough to counterbalance the extensive withdrawals of men to the armed forces.

Employment: Despite the fact that the total civilian labor force has declined, employment has increased by 4,500,000 over the past 2 years. Nonagricultural employment increased by 4,700,000, while agricultural employment decreased by 200,000. Women have accounted for 3,000,000 of the 4,500,000 increase in employment, again principally in nonagricultural industries. Although agricultural employment is at about the same level as in September 1940 and September 1941, considerable shifts in composition have taken place. For example, there were 500,000 fewer men and 300,000 more women employed in agriculture this September than 2 years ago.

Unemployment: Unemployment has declined by 5,300,000 since September 1940. Some of the unemployed have gone directly into the armed force, but the majority have found employment. Thus, it appears that up to this point production has been stepped up to meet war needs primarily by the utilization of persons already in the labor force, rather than by calling upon any large number of persons not normally in the labor force.

Nonworkers: At the present time there are over 40,000,000 persons 14 years of age and over who are not in the labor force. With only an estimated 1,700,000 unemployed at this time, it is necessary to look to these nonworkers as the main source of manpower to meet expanded production schedules and to replace workers going into the armed forces.

Among these nonworkers only 7,200,000 are males. Of these about 3,200,000 are students in the younger age brackets, and 3,100,000 are persons reported as too old or permanently unable to seek work. The remainder, amounting to fewer than 1,000,000 men, includes retired persons, those who do not want work, and probably many who are not active in the labor market while awaiting induction into the armed forces. Thus, aside from the student group, it is clear that there is only a very small number of men in the nonworker population who can be looked to as a labor reserve.

Students, both boys and girls, provide an important seasonal labor supply during the summer vacation months. It is estimated that over 3,000,000 students entered the labor force during the summer of 1941, and there is good reason to think that the number was even larger this summer. The extent to which this source of labor can be drawn on during the school months is unknown, but the number of persons 14 years of age and over who were in school and not otherwise employed was 1,800,000 lower in September 1942 than in September 1940. This indicates that some of the student group probably failed to return to school this fall, while others were attending school and also holding down jobs.

The largest single group, 29,200,000, within the nonworker population are women engaged in own-home housework. The immediate potentiality of many of these housewives as war workers is indicated by the results of a sample survey conducted last March. In this connection, it was found that of an estimated 7,600,000 nonworkers who could take full-time employment, 6,500,000 were housewives. By and large, this labor potential was concentrated in the highly employable age group 20 to 44 years. Roughly one-third of the group had had employment within the past 5 years.

Summary: Under the impetus of the defense and war-production programs the civilian labor force of the Nation, plus the military

personnel of the Army, increased from about 55,500,000 in September 1940 to 58,400,000 in September 1942, an increase of 2,900,000 workers. The increase of 2,900,000 in the labor force and a reduction of 5,300,000 in the number of unemployed were counterbalanced by an increase of 4,500,000 in civilian employment and an increase of over 3,500,000 in the armed forces of the Army. The civilian labor force decreased by 800,000 persons to 54,100,000, a net decrease accounted for by a decline of 2,300,000 men, and an increase of 1,500,000 women. Thus, to date, the increased demands upon the manpower of the Nation occasioned by war have been met largely through the absorption into employment of the unemployed and partly through the entrance of women into the labor force. Even after rather drastic assumptions are made with respect to conversion of industry from civilian to military production, it has been estimated that the total labor force, including the armed forces, must reach the figure of 62,000,000 to 65,000,000. Since practically all of the able-bodied men 18 years of age and over are already in the labor force, excluding the armed forces, and since the number of unemployed is rapidly approaching the irreducible minimum of frictional unemployment, it is clear that the 4,000,000 to 7,000,000 workers who must be added to the labor force to reach such a figure must be drawn mainly from women not now in the labor force, including married women with and without young children or other dependents. This obviously poses complex problems with respect to recruitment, training, and placement.

Senator PEPPER. Mr. Capt, that is a very informative and interesting statement.

Mr. CAPT. Mr. Chairman, we have other material that may or may not be of interest to your committee. If you wish to have it examined to determine whether you wish to have us file it with you or not, we will be very glad to have you do so.

Senator PEPPER. We will be very glad to have it.

Would you like to speak about the nature and character of it?

Mr. CAPT. Dr. Hauser will describe what we have.

STATEMENT OF PHILIP M. HAUSER, ASSISTANT DIRECTOR, BUREAU OF THE CENSUS

Senator PEPPER. Give your full name and position, Doctor.

Mr. HAUSER. Philip M. Hauser, Assistant Director of the Bureau of the Census.

We have here, to place in the record before the committee, a number of more detailed materials with respect to the composition of the labor force, indicating the availability of both persons in the labor force and potentially available reserves, persons not normally in the labor force, for various States, regions, and localities, materials which I will just give to you, Senator. We have a similar set for the other members of the committee. Those are duplicate copies. I have a few example materials for Florida, and for other States, and other data, as illustrative of the type of material that is available.

They can be summarized briefly in this fashion: First, we have several releases that indicate, on a regional and locality basis, the basic facts as reported in the Sixteenth Decennial Census, 1940, on the potential labor supply in the United States.

Second, there are a series of releases indicating for the country as a whole and localities, more detailed information about the age, sex, color, composition of workers, their occupations, their industries, and other characteristics.

Third, we have a series of publications which are available for each State in the Nation. The second series of publications of the population census, contain detailed information about the labor force and about persons not normally in the labor force, by age, sex, color; some broad information about occupation and industrial affiliation for all counties in the United States and for the rural nonfarm parts of those counties, and for all urban places whatsoever; that is, all places down to 2,500 with certain other information about the population and its composition for approximately 50,000 minor civil divisions in the United States. Finally, we are making available a bulletin, the third series in the population census, which contains information for the United States as a whole, and each State, and for the larger cities, of a much more detailed character, relating to detailed and specific occupation and industry affiliation, and cross classification of occupation and industrial affiliation by age, sex, and color.

These are materials which have been found most helpful to the various agencies concerned with the problem of manpower, in making working estimates in connection with the planning of programs and management of the various phases of our war effort. The third series is not entirely available. Many of the State bulletins are still in the hands of the Government Printer who has been delayed with many more urgent war requests. The details of this bulletin have been made available to agencies through photographic reproduction as administrative needs have arisen.

I think I might say the country, in many respects, is fortunate it had to get into the war at a time after the most complete inventory of the human and material resources of the United States had been taken, that represented by the Sixteenth Decennial Census.

We can make available to the committee, in addition to these materials, many more detailed statistics relating to specific industrial types of labor supply, such as, for example, labor in agriculture by types of agriculture; labor in industrial production by types of industry, or in business and trade by types of trade or enterprise.

We have also materials that relate to the persons employed in Government, in a quarterly series of reports, indicating how, in the past 2 years, the manpower employed in State, local, and Federal Governments has increased considerably.

That, in brief, is a synopsis of the type of material that can be made available, to be followed, in concluding my remark, by calling attention to a monthly report bringing the information to which Mr. Capt has just referred, an over-all picture of manpower in the United States up to date, month by month. We will have available in the first week in November the materials for October. Thus, this picture is kept current from month to month.

Senator PEPPER. Doctor, before you get too far away from it, will you be kind enough to designate the various categories of the data which you have described as exhibits 1, 2, and 3, and so forth, or A, B, and C—something like that, so if we choose to put them in the record we will put them in following the statement from you as to what they constitute, or what they refer to? You can just keep the

ones which come in a definite category together, or you can even put them in separately.

Mr. HAUSER. Do you want me to do that subsequent to the meeting?

Senator PEPPER. You can do it with the reporter, and then you can put a rubber band around them and keep them together, and let us determine how much of it we will put in the record.

Mr. HAUSER. I see.

(A synopsis of the material submitted is given in exhibit A, following Mr. Hauser's testimony.)

Senator PEPPER. You may go ahead with your statement.

Mr. HAUSER. I was concluding my statement by calling attention to the fact that part of the data to which Mr. Capt referred included direct field survey statistics relating to the availability of women in the potential labor reserve, a survey which was conducted last March. We are at the present time bringing that information up to date in the regular monthly survey which will be taken in November, so that early in December it should be possible to indicate the November labor market situation and just how many women in this large potential reserve are available for work on a full-time basis, and certain other facts with respect to their dependents and other considerations which may affect their availability for work.

The current surveys which we conduct on a month to month basis can be utilized at any time to supplement the information we now show relating to the labor force as need may require.

You may be interested in the fact that the Manpower Commission, and its various constituent agencies that are working on the problem, are in continuous touch with us to use the services the Bureau of the Census can provide in obtaining current information relating to the labor force.

The big gap that exists in the factual picture today is that of precisely this kind of information, current information, for specific localities. Very frequently, the problem, from an operating standpoint, as far as manpower is concerned, is a local problem, the question of what is the labor situation in the Detroit labor market, or the Pittsburgh labor market, and so on. Information for localities is quite scarce and virtually nonexistent, and such information as could be obtained through statistical means would be quite useful to the operating agencies.

Senator PEPPER. In other words, the first thing we have got to do is to know the facts before we can make any sound program or make any progress?

Mr. HAUSER. That is precisely the way we should go about it; yes, sir.

Senator PEPPER. Just as you say, there are two things essential: We have to know what our needs are, and then we have to know what resources we have with which to meet the needs.

Mr. HAUSER. That is right.

Senator PEPPER. Then, it is a question of bringing the resources and the needs together, for the purpose of supplying the needs.

Mr. HAUSER. I think the problem might be stated, with respect to the over-all picture on manpower, in some such terms as these: Before we look into the future to see how the manpower that is in our

reserve can be mobilized, and for what purposes, at least three fundamental things must be known, and without these any peering into the future is conjecture. First, the size of the armed forces that we are aiming at and the time schedule; second, the picture of the matériel that the armed forces may require on a time-schedule basis, and, third, data of the extent to which various types of civilian production can be and should be cut, on a time-schedule basis. With those three essential elements, it then becomes possible to analyze our available manpower with respect to specific objectives. In the absence of these picture, which you might think of as the demand side of the picture, you cannot analytically treat some of the problems relating to the supply.

Relatively, we are very well equipped with the facts on the supply side of the labor force and the reserves of manpower. We are not too well equipped on the demand side in figures which can be expressed in terms of what our war objectives are, that is, what the specific details of the plan will be. We are not in a position to speak about the specific picture on the demand side in the absence of a knowledge of the objectives.

Senator PEPPER. Doctor, have you made an investigation which will disclose the number of people who, by reason of temporary ill health, are kept out of the labor market, or how it affects their eligibility to the armed forces? How does health tie into this problem of available manpower?

Mr. HAUSER. We have the picture as of 1940, and it can be supplied on a current basis, of the number of persons who are permanently out of the labor force and out of the manpower picture, because of ill health. Incidentally, we have a similar picture with respect to the institutions, such as prisons, as of 1940. Some of the institutional populations are being utilized. Prison population is being utilized to the extent that war contracts have, in some cases, gone to prisons and reformatories. We do not have the picture on temporary illness, but the physical side of the manpower picture, Senator, should be obtainable at the Selective Service System, which keeps records on men who fail to qualify for the Army or other armed services.

Senator PEPPER. We have got a certain number of people who are kept out of the labor market and out of the armed forces on account of total or permanent disability. Now, to make those people make a useful contribution to the prosecution of the war, a training program and an analysis of their skills and capacities, an analysis of a careful character would have to be made, would it not?

Mr. HAUSER. Yes, sir. We have such a picture with respect to the persons permanently unable to work, by sex, age, and color in the 1940 census.

Senator PEPPER. That is, you have the number of such persons?

Mr. HAUSER. Yes, and their ages and sex.

Senator PEPPER. You do not have a catalog of the skills they possess, or their potentialities as possible additions to the labor market?

Mr. HAUSER. That is right.

Senator PEPPER. That is one source well worthy of investigation?

Mr. HAUSER. Yes.

Senator PEPPER. I dare say there is a certain number of people, a relatively large number of people, who are constantly kept out of the labor market because of temporary illness, a cold, influenza, pneu-

monia, and the ordinary illnesses that people are subject to, a large number of which could be made available by an adequate public health program. Have you any estimates then, or any suggestions as to how that question of temporary illness affects the population and the labor supply?

Mr. HAUSER. We have some data indicating the number of days lost from work coming from our sample surveys, which have been made at the request of other agencies.

Senator PEPPER. Will you supply us, first, with what statistical data you have with respect to people who are totally and permanently disabled, and the ages and sex of those people?

Mr. HAUSER. Yes, sir.

(The data requested appear in exhibit B, following Dr. Hauser's testimony.)

Senator PEPPER. Then, in the second place, will you supply us with any data you might have on the number of people who are temporarily out of the labor market on account of illnesses of a temporary character, and what you can tell us, generally speaking, as far as you can, about what the nature of the illnesses are, how long the period of confinement is, and something on the volume of the loss?

Mr. HAUSER. I might say, Senator, on this last point you can obtain information through the Public Health Service, based on the survey they made several years ago, which would still be quite applicable, and I suggest that be utilized as a source for some of the information.

Senator PEPPER. If we have to get that data from the Public Health Service, it might be we might just let them come along in due course.

Mr. HAUSER. I suggest you do that, Senator.

Senator PEPPER. So there the question of public health and the adequacy of a public health program very definitely ties into the question of the available supply for the Nation, does it not?

Mr. HAUSER. Yes.

Senator PEPPER. If you neglect that, then you are, to that extent, impairing the adequacy of the Nation's labor effort?

Mr. HAUSER. Yes, sir.

Senator PEPPER. Now, then, have you any figures available as to the illiteracy of the population that might be called part of the labor force?

Mr. HAUSER. We have figures available on educational attainment of the population census, which is not quite comparable to the illiteracy data that were obtained in previous censuses. In 1940, for the first time, we obtained information on the highest grade of school completed for every person in the United States. That is, we can tell you how many people had less than fourth grade education, or had no schooling, or had 1 or 2 years of schooling. That is not easy to interpret from the standpoint of illiteracy. Abraham Lincoln had very little schooling, but he was not an illiterate man. By and large, however, it does give you an excellent picture of the educational level which, for an area, a county and a city, does indicate the problem.

Senator PEPPER. Will you give us then what data you can put together on the question of the educational qualifications of our population?

Mr. HAUSER. I will be glad to, Senator.

(The data requested appears in exhibit C, following Mr. Hauser's testimony.)

Senator PEPPER. Now, the next thing, can you give us data—which is somewhat of corollary, no doubt, from the educational point—on the number of people who have been skilled and trained in the major skill categories?

Mr. HAUSER. Yes.

Senator PEPPER. In other words, how much of our Nation's population of employable age we might say is skilled labor, and divide them into a reasonable number of categories, mechanical skill, and one thing and another, so that looking at the population in that way, we can get some picture of it.

Mr. HAUSER. Those are in the bulletin to which I made reference, Senator.

Senator PEPPER. They are in there?

Mr. HAUSER. Yes. You will find them in exhibit D.

Senator PEPPER. I think if you can prepare a little synopsis of that, along with these other things I mentioned, it would be helpful to us to get a little résumé up.

You can do that at an appropriate time.

Mr. HAUSER. We will be pleased to do that, Senator.

(The synopsis requested appears in exhibit A, following Mr. Hauser's testimony.)

Senator PEPPER. Now, then, have you got the population of the United States classified with respect to any such general classification as essential and nonessential employment? How many people could be said to be of an employable age and physically capable of working who are employed in what might be called nonessential employment?

Mr. HAUSER. We have nothing on that whatsoever. The definition of "essential" and "nonessential" must always be made with respect to some criteria. If someone told us what the essential and the nonessential industries are, we could answer the question. We have the facts by specific industries.

Senator PEPPER. Do you know what a juke joint is?

Mr. HAUSER. I do not know what a juke joint is; no, sir.

Senator PEPPER. We have in the South what we call juke joints. As you know, they are places beside the road, and other places, where entertainment, while not unwholesome, not particularly cultural in character, is made available. If you had a choice as to whether the mother of children or the housewife should be coerced out of a home and sent to a factory, or whether a man running a juke joint should be made to take that place in the factory, that ought not to be a difficult decision, from the viewpoint of the Government, ought it?

Mr. HAUSER. No, sir.

Senator PEPPER. And yet, in order to make that decision, to bear out what was said a minute ago, about the necessity of knowledge, we have got to burrow down into an examination of the population and find those who are employed in useful employment, employment that is consistent with the war effort and consistent with the maintenance of our country as a wholesome institution, and those who are contributing in a way that is deleterious to the general health, morals or character, or simply making no essential contribution either to the war effort or to the maintenance of the welfare of the country.

Mr. HAUSER. Senator, we have the basic facts which would serve as a basis for such a determination. That is, our detailed statistics show how many people are in specified industries, and this would

permit the operating agency charged with the task of determining the essential and nonessential to make such decision. The Census Bureau, itself, of course, is a strictly fact-finding agency, not being faced with or conversant with the operating problems, and it would be reluctant to make such a decision for the operating agencies. We do have the bricks, however, out of which such a structure might be built.

Senator PEPPER. Would you be good enough to go to work on that and try to put it in some form that might be accessible to us here, Doctor?

Mr. HAUSER. I would be delighted to make it accessible; yes.

Senator PEPPER. Don't you think that is valuable for the Government to know, in the formulation of a policy on the subject?

Mr. HAUSER. Yes; although we may not be in a position to make the actual decision as to which industries are or are not essential.

Senator PEPPER. I realize that; I am saying that the department of the Government which formulates policy ought to have as full knowledge on the subject as it can have. If all those things, and others that could be mentioned, are very integral parts of this problem, then it is essential, is it not, from your knowledge of the subject, that the problem should be approached from a Nation-wide point of view, and that scrutiny be turned upon the whole population, and that the fullest possible knowledge of what we have and what our task is be acquired by the Government before we formulate specific policies which are aimed to be put into effect, any particular policy of the Government?

Mr. HAUSER. Yes.

Dr. LAMB. Following up the Senator's questions of a moment ago, Mr. Hauser, are you familiar with the schedule of reserved occupations which the British have set up in connection with the national service registration which they have there?

Mr. HAUSER. I have seen references to it, Mr. Lamb, but I have not any detailed familiarity with it.

Dr. LAMB. Are you aware that there is such a thing as a schedule of these reserved occupations?

Mr. HAUSER. Yes.

Dr. LAMB. And that this schedule is based upon what are known as essential industries, that every individual plant within these essential industries has to be specially scheduled before it is considered one where the employees are reserved. You are not, however, familiar with the schedule itself, so you do not know what the occupational divisions are, and so on.

Mr. HAUSER. No. Of course, I do have direct familiarity with our own so-called critical list of occupations which bears on the problem, one which was devised by the United States Employment Service and defines occupations which are essential to the war effort or within which acute shortages might develop. That was used as a basis for the checking of occupations in the occupational questionnaire of the Selective Service System. That material is now being tabulated for the Selective Service System by the Bureau of the Census. We are making the data available to the Selective Service System for this country, the data on all males registered in the Selective Service System, those 18 to 65 years of age.

Dr. LAMB. That is for males only?

Mr. HAUSER. Yes, sir.

Dr. LAMB. What is the present stage of that?

Mr. HAUSER. At the present time, a hand count showing the number of males in this list of critical occupations—it is about 190 occupations and this is a rough figure now—I should judge 19,000,000 to 20,000,000 of the males.

Dr. LAMB. Out of a total of how many?

Mr. HAUSER. Out of a total of approximately 41,000,000.

Dr. LAMB. Registrants?

Mr. HAUSER. Registrants.

Dr. LAMB. And those will be available at what date? Can you give any offhand estimate?

Mr. HAUSER. Your prime source for that information should be the Selective Service System.

Dr. LAMB. Let me put it this way: That is conditioned on your part of the job?

Mr. HAUSER. That is dependent on their getting the coupons to us. We are right up with them now. We have about 20,000,000 on hand. The remainder are still flowing in to us from the selective service boards of each county.

Dr. LAMB. So it is up to them to complete the second half of the job?

Mr. HAUSER. That is right. It is up to them to send the coupons to us, and we cannot count them until we get them. I cannot say when we will get them.

Dr. LAMB. As of what date was the registration made?

Mr. HAUSER. The first registration dates back to about a year ago last May I believe.

Dr. LAMB. So that much of it is out of date, and more?

Mr. HAUSER. And more. The most recent information is that for the fifth registration, that of the 18- and 19-year-old class. I want to say this, that the coupons themselves were mailed, with respect to the first, second, and third registrations, sometime subsequent to the actual registration.

Dr. LAMB. Yes.

Mr. HAUSER. So, they are not as much out of date as the original registration data were, but they are still out of date.

Mr. CAPT. That was only a few months ago.

Mr. HAUSER. It was last May. Things are changing so rapidly now with respect to some types of information that it might be badly out of date.

Dr. LAMB. What I am getting at is the question of how certain types of information you might need could be kept up-to-date, and in that connection I would like to ask Mr. Capt what has become of the proposal for an annual sample census?

Mr. CAPT. Those plans have been drawn. They could be put into execution if we got the money, and having gotten the money if we could get the manpower to do the job. Now, when we get money that does not mean so much. We may not be able to use it, because we cannot always get the people.

Dr. LAMB. At the time you had the personnel, there was a question whether it would scatter or not, and now the personnel has scattered.

Senator PEPPER. Would you pause right there, just a minute, if it will not throw you off, Mr. Lamb? Just roughly, how much money would it cost and how many people would it take?

Mr. HAUSER. The proposed annual census would cost in the neighborhood of \$4,000,000 to \$4,500,000. It would require an enumerative force of approximately 8,000 people throughout the United States.

Dr. LAMB. For what period of time?

Mr. HAUSER. For a period not exceeding 2 weeks.

Mr. CAPT. That is 2 weeks for the actual work. It would probably take longer than that to select and train them.

Senator PEPPER. You mean, by reason of not spending \$3,000,000 or \$4,000,000, and by reason of not giving you authority to employ some 8,000 people for 2 weeks, that we are in some instances a year behind, or more, in acquiring the essential data upon which the formulation of a sound policy with respect to this subject should be based?

Mr. HAUSER. Those are the facts.

Senator PEPPER. That poses the question of whether we are being economical in the use of money and manpower, does it not?

Mr. HAUSER. It certainly does to those of us who are technicians, Senator, on this subject. So far as current national data are concerned, we now have them available. We now have in operation a unit that was recently transferred to Bureau by Executive order, in August, as the result of which we have a monthly report on the labor force, and that is the basis of our picture of the labor-force situation, the manpower situation in general. Now, an extension of that service would make possible obtaining similar information on a regional basis or State basis, and this is the type of information that is needed as the operating agencies, as we deal with them and negotiate with them from day to day, make very clear to us. Furthermore, there is a real lack of information about specific labor market situations, as in the case of the Detroit labor market area. Nobody today knows what the facts are about the Detroit labor market area, or about the Pittsburgh labor market area, or any of the other large metropolitan centers, many of them crowded, of course, with war contracts.

Senator PEPPER. Doctor, is it not a fact that this whole problem is essentially a local problem?

Mr. HAUSER. Yes, sir.

Senator PEPPER. As one statesman is supposed to have said at one time, that the tariff is a local matter. He meant it had its impact in local communities. It is a question of a surplus in some communities and a shortage in other communities that makes the entire problem, is it not?

Mr. HAUSER. Yes.

Senator PEPPER. So, if you do not know the facts about regions, areas, and communities, you cannot possibly formulate a sound manpower policy.

Mr. HAUSER. You may be interested in this, Mr. Senator: The Manpower Commission, which has in recent weeks established a Division of Statistics and has been in touch with us, used us to get some labor force information and they are at the present time negotiating for a series of such locality studies. They want them now; they need them badly, but, unfortunately, they do not have funds to provide to us to obtain such information.

Senator PEPPER. You mean the money has not even been made available to the Manpower Commission to get data it feels necessary to formulate a policy on this problem?

Mr. HAUSER. Yes.

Senator PEPPER. I think it would be interesting to the country to know that, that while we are talking about coercing people into the Army and into occupations, that we do not even know the basic facts that should govern sound policy on the subject. It looks like the first thing a diagnostician should know is the symptoms of a disease before he prescribes the remedy.

Mr. HAUSER. Yes. In Germany, we statisticians know, there was a tremendous extension of statistical activity immediately prior to their embarkation on total war, and from data available, there has been an expansion even during the period after the war began, and they have used statistics as a basis for the type of planning they do for their total war effort. Unfortunately, I think it is true there is a tendency sometimes, in the perfectly good interest of effecting public economies in times like these, to economize perhaps at the wrong spots. Perhaps we are speaking to some extent, from a professional bias, but we do think facts are essential where large-scale planning is involved. However, there is a tendency to save money at such points, I think, at the present time.

Senator PEPPER. Certainly, if we speak in terms of total mobilization, and we all admit the necessity of using completely the manpower we have, we cannot formulate a sound policy upon total mobilization until we know the character of the population that is to be mobilized, can we?

Mr. HAUSER. We feel that way about it, Mr. Senator.

Senator PEPPER. Is it not more economical, from the point of view of the Nation, to have a central agency like the Bureau of the Census, which already has such a magnificent volume of data, to be the agency that will acquire the basic data on this subject, and then allow it to be the reservoir of the Nation to the policy-making agencies of the Government rather than have the various other agencies to go out and try to duplicate even a part of the work that the Census has already done or is best qualified to do?

Mr. HAUSER. We are equipped to do the job, Senator; we find, however, very frequently, that it is a question of a serious struggle on our part to keep doing what we are now doing, let alone getting at some of these things for which we do not have facts.

Dr. LAMB. Right on that point, Mr. Hauser, the special surveys that you were doing for the agencies would frequently be greatly simplified for you if you had access to the kind of information that you would get, say, from an annual sample census?

Mr. HAUSER. Yes.

Dr. LAMB. So you frequently have to duplicate and do so by estimating the things that you could do by an actual count, in the first instance, because you haven't had the funds and the mandate to go ahead?

Mr. HAUSER. I would go a step further, Mr. Lamb.

I think it is perfectly clear to technicians that our present monthly sample survey of the labor force for the country as a whole can continue to be successful for some time, but as the distance in time of our surveys from the 1940 census to which we tie, increases, there is

some danger that that may become so shaky as to necessitate abandonment of the monthly survey, if we do not get a better base of the kind a sample census would afford.

Dr. LAMB. In other words, the large movement of population in the last 2 years, going on 3 years now, not only movements between communities but movements between employments, is making the picture much less satisfactory for your estimations?

Mr. HAUSER. That is right.

Dr. LAMB. Now, along those lines, these requests you had from the War Manpower Commission are in the nature of five alarm fires with you; you have to go into special communities to do a special job. That material would be forthcoming in the ordinary course of turning the stuff out for them, if you had this over-all picture?

Mr. HAUSER. Yes. Incidentally, you would be very much interested in this. We feel in times like these particularly that timeliness is of the essence, and we are able, through the type of organization we have—and I will use this monthly report again as illustrative—we actually have published the results of our findings, providing a national picture of the Nation's manpower, within 2 to 3 weeks of the time of the initial field canvass, when the person went from house to house asking the housewife for the desired information. That is a pretty good time schedule, I think.

Senator PEPPER. Doctor, I was interested in your saying that it would not take but 8,000 people for 2 weeks to do this job of making an annual sample of the census. Can you tell us about how the census enumerators you employed in 1940 were divided as between men and women? Do you recall?

Mr. HAUSER. About three-fifths of them.

Senator PEPPER. Do you have any doubt but what qualified men, and particularly with a little more emphasis on women, a totally qualified force of 8,000 people could be recruited if you had the money to make this census?

Mr. HAUSER. There is no doubt in my mind that it could all be done with women. Our women enumerators are excellent workers. I do not think there would be an important sex difference there that would make one sex better than the other, except in specialized situations.

Senator PEPPER. How long would it take to get this sample census on the way, if you had the money and were directed by competent authority to start it?

Mr. HAUSER. We have the blueprint for the basic work in the files now. We anticipated the demand. Depending upon the urgency with which the data were desired, it would take probably from a minimum of 60 days to a much more desirable time of 5 or 6 months to do the necessary work. In all our census enterprises, the longer period of time we can have for actually planning the details of our field investigation, the smaller the unit cost involved and the better the job that can be done, but we pretty well cut our cloth to meet the specifications. I would say a minimum of 60 to 90 days are needed before we can get the information which would be required for a given locality.

Senator PEPPER. Would the questionnaire be longer or shorter, simpler or more complex than the one used in 1940?

Mr. HAUSER. It would probably be shorter, considerably shorter, designed and restricted to include only those inquiries directly bearing on urgent manpower problems, or other problems. We at the present time, for example, in our surveys, ask a very limited number of inquiries pertaining to that specific problem. In our housing surveys, for example, we ask only three or four questions designed to get at occupancy or vacancy, where that is the desired information.

In fact, I would like to say for this type of enterprise, timeliness is important, and where special problems are involved, one of the difficulties we should probably face would be the necessity of saying "no" to many types of inquiries desired by many types of interests which would want other types of information. We would much prefer to have a very short schedule aimed directly at the present problems that may confront us.

Dr. LAMB. In that connection, Mr. Hauser, your problem really is that if the schedule were left up to the various war agencies, you might find that the delay was not one of funds, that the funds were now available, but delay would arise from the number of inquiries they would ask to be included in any such studies.

Mr. HAUSER. Yes; I can go a step further. If you made a schedule listing all of the inquiries that were suggested, you would have to get male enumerators, because the women could not carry the schedule.

Senator PEPPER. Yes; now, are there available statistics on the training program that is now in effect? I mean, do you have any program that may now be in effect based upon the census data with respect to the character of the population and its potential adaptability to particular skills?

Mr. HAUSER. Senator, all I would say on that question is that the agencies charged with the operation of the training programs have asked for and received vast quantities of census statistics. We do not have any statistics that relate to the extent of accomplishment of the training programs as such. Those are in the hands of the operating agencies. But they have asked for and they have utilized census statistics as the basis for their planning. To what extent they have used them I would not be prepared to say.

Senator PEPPER. All of that indicates, though, what you do in one phase of this field has a direct bearing upon another part of it, does it not?

Mr. HAUSER. Yes.

Senator PEPPER. The use of manpower is essentially a single problem, and all the controls have got to be tied together and integrated, leading me to the assumption—I don't know whether you care to make any comment on it or not—that it is essentially a civilian problem, and the decision should be made by civilian authority rather than by military authority.

Mr. HAUSER. I do not feel qualified to speak on that question, Senator. It is outside of my own field of competence. If my own judgment were worth anything, I should agree, but I do not feel I am able to speak on that subject as an expert.

Senator PEPPER. The use of the public school system, of course, as some training agency would have, I assume, some vital relationship to the problem.

Mr. HAUSER. Undoubtedly.

Senator PEPPER. Because you have already some valuable conditions there for training, and no doubt the school and college plants would be capable of very valuable use in connection with the training program.

Have you any opinion as to whether deferments should be on an occupational basis or on a personal basis, or on an area basis?

Mr. HAUSER. Again, I am not in a position to state. We do not have the necessary operating facts to answer that question. From an over-all standpoint, it would seem pretty clear, from the over-all picture which Mr. Capt presented just a few moments ago, that if we are to achieve an armed force even of 7,500,000, to which Secretary Stimson referred the other day, that adjustments will be necessary within the labor force to meet the requirements of war production, and if those adjustments are made, then there are a whole series of alternatives, as cutting down on civilian production and taking persons with allied occupational skills and training them further for war-production purposes, utilizing the different classes of population, the women with children, or possibly rehabilitating the disabled to which you referred, there is a whole series of alternatives there, the answers to which I think are in the hands of the policy makers, the operating agencies. We have facts, but we are not particularly qualified to say how they should be used.

Senator PEPPER. Is it a matter upon which you care to express an opinion, as to whether or not the program for production should be fashioned with some consideration for the population which has to be the working force in that program; in other words, would you care to express an opinion as to whether or not contracts to make war materials can be just shuttled around over the United States wherever machinery might be thought to be available without regard to the availability of the labor supply for those machines, and without regard to the effect that the location of industry at such a point might have upon the population generally?

Mr. HAUSER. To the extent that that is a question of statistical arithmetic, I can answer it. That is, it is perfectly clear if contracts are made available in a community in which labor reserves are not adequate to meet the total labor requirements for the fulfillment of those contracts on a specified production schedule, it certainly is not sound management or planning to send contracts there. From the standpoint of the arithmetic involved, it is pretty clear before contracts are let there should be some indication that the labor supply will be available either in that area or readily available by migration or other means, or transfer from other areas. Without such planning, I would certainly say you were taking an awful chance.

Senator PEPPER. All of which again indicates the necessity of all of these factors that are contributory in character being taken into consideration when these decisions are made. When you establish an industry, you certainly have got to take into consideration the availability of materials. You have got to take into consideration, the availability of adequate transportation facilities.

Mr. HAUSER. Yes.

Senator PEPPER. You have got to be able to find climatic conditions where work can properly be carried on, and the like.

Mr. HAUSER. Yes.

Senator PEPPER. But at the same time, you must not ignore the availability of the labor supply, of quality and character adapted to the work that might be desired.

Mr. HAUSER. Yes.

Senator PEPPER. Doctor, do you have any information about what the British have done with respect to the acquisition of census data? You spoke about what the Germans had done.

Mr. HAUSER. Yes; we have some information, Senator, and some rather interesting information. The British have utilized their census organization in the first place as a basis for effecting a national registration system. The census enumerator in his canvass—this was shortly after the declaration of war in England—went from house to house, went through the same motions that our enumerators go through in making the canvass of the population for census purposes, but in the process he registered the person for the national population register and gave to each person an identification card with a number which he would carry as an indication of his identity, residence, and so on. They have gone a step further. We were particularly interested in this, because we were, in part, interested in the question of the extent to which the census statistical organization might be curtailed under the rigors of war conditions that they have experienced. Though, some of the information I have has come from documents which are labeled "secret and confidential," and I am not at liberty to divulge them in public, Senator, I should like to say they have used the census organization and registration system as a basis for certain population controls, on the one hand; and, on the other, as a basis for the preparation of periodic statistical reports, so as to have current information on the size of the population and the exact characteristics of the population by localities, and so as to also have a statistical basis for computing mortality rates, morbidity rates, birth rates, to give some indication of how the rigors of war were affecting the health of the population.

There are other elements of that system, Senator, that I shall be pleased to make available to you, but because of the secret character of some of the information I do not feel at liberty to present it here.

Senator PEPPER. They have tried to keep that information current, have they?

Mr. HAUSER. Yes, sir; they have kept it current.

Senator PEPPER. So, relative to what we know about what the Germans have done with their knowledge of manpower resources, and what the British have done in getting information about the character and quantity of their citizenry, we, at the present time, appear to be lagging somewhat behind in the acquisition of the latest information?

Mr. HAUSER. That would be my judgment, Senator.

Dr. LAMB. Dr. Hauser, on that point, would you say that the labor exchanges have, through this process, in Great Britain, been made in effect an adjunct of the British census?

Mr. HAUSER. Well, I do not know that you describe it in precisely those terms. In one sense, that is true, that the Government of Great Britain has become so centralized a unit it is pretty safe to say almost any branch of government is highly integrated with every other branch, and to the extent that employment exchanges provide basic facts about manpower, they are closely related and integrated with the statistical picture obtained from the census sources.

Dr. LAMB. That data would become a supplement to your sample census if the methods were employed that are in force in Great Britain?

Mr. HAUSER. There is an interesting problem on that; I think there is an interesting statistical problem arising out of the relation between a census organization and an operating agency of that type. For example, each employment office is very much faced with this basic primary problem of meeting the local labor market situation, making the demand and supply in the local labor market meet. They are generally so preoccupied with that job, particularly in a time such as this, that they are not in a position to use their information as a basis for statistical facts.

Actually, if what is needed is a national over-all picture of what the labor situation is, or the manpower situation is, from the standpoint of broad national policy as it might affect legislation, or general management, the way to obtain the statistics most quickly and most cheaply and most efficiently with respect to almost every consideration is through the use of the sample survey method. If you wanted statistics on a specific locality and did not want too much detail, it is generally more quickly and cheaply obtained through sample surveys than to build up a picture from an operating file.

However, if you want statistics from a specific labor officer or its management, then there are some things which must come from the files, but if you want a national picture of what the manpower situation is, it would be inefficient and costly, so to obtain it and, to insist on employment offices building up a national picture from each of over three or four thousand local offices. It could be done much more cheaply through a sample survey and would not interfere with their primary function of placing labor in the specific localities.

Dr. LAMB. So, the compulsory registration which is in effect in England is not necessarily of primary assistance to the census taking, the estimating process which you feel you want to perform?

Mr. HAUSER. It would be useful.

Dr. LAMB. For administrative purposes?

Mr. HAUSER. That is right. Each can gain much from the other, and the extent to which they cooperate would determine their usefulness. The parts of the entire enterprise jointly depend upon one another. I think with respect to any fact that is desired, there is a best answer. There are many ways of getting it, but there is always a best way, and that has to be met in terms of the problem.

Senator PEPPER. Mr. Hauser, I was interested in the conclusion of Mr. Capt's testimony, indicating potential sources of additional labor resources. He finds 7,200,000 males of which about 3,200,000 are students in the younger age brackets, and 3,100,000 are persons reported as too old or physically unable to seek work. The remainder, amounting to fewer than 1,000,000 men, includes retired persons, those who do not want work, and probably many who are not active in the labor market. So, among the men group of unemployed, the largest unused source so far is the student force of the country.

Mr. HAUSER. That is right, sir.

Senator PEPPER. That is composed of boys of high-school age.

Mr. HAUSER. That is the vast majority of them, yes, sir.

Senator PEPPER. If the 18- and 19-year-old draft goes into effect and they are practically all taken by the Army, all those who are

physically fit, that would mean there would hardly be anything above freshmen in college, and about the only unused male labor force then would be the high-school student of the country, would it not?

Mr. HAUSER. Senator, you may be interested in this diagram which shows the extent to which the males and females of various age classes participate in labor force activity. Now, these two are cross-hatched. (See exhibit E.) The employed and those seeking work or on public emergency work constitute the total labor force. You notice here at age 14, men are just beginning to enter the labor force. Then, the proportion in the labor force comes up rapidly until about age 20 where you get 90 percent, and then you get well up to 95 percent for most of the ages up to 55, when you get a considerable sloughing off. The labor reserve, or potential labor reserve, must come generally from those below 65, from this light shaded portion up here [indicating], or from this large supply in the younger groups.

The female situation, you see, is quite different. Here you have a big reservoir of unutilized labor, from the standpoint of the labor force. They are housewives, they are working, to be sure, but not at this type of gainful employment.

Senator PEPPER. So your conclusion would be that, generally speaking, the people who can be put into the labor force, and who are not now part of it, speaking in the productive sense, must come from either the group below 20, of the men, or above 60, 55—for the men?

Mr. HAUSER. Yes, sir; that is right.

Senator PEPPER. And for the women you might say generally below 17 or 18, and then above 20?

Mr. HAUSER. That is right although most of the increase will have to be supplied by women 20 years old and over. We were very much surprised—well, not surprised, but I think it is a striking fact that in a survey conducted last March, when we inquired of persons not in the labor force how many of them could take a full-time job, that 7,600,000 said they could.

Senator PEPPER. Was that women?

Mr. HAUSER. 7,000,000 were women, of those 6,500,000 were housewives, some of whom had dependents but who had apparently other provisions in the home for caring for those dependents.

Senator PEPPER. For the Nation, though, to avail itself of the labor of those women, it means either that the home is to be broken up or it means that they have got to have work accessible to them in the communities in which they live, does it not?

Mr. HAUSER. Yes, sir.

Senator PEPPER. So the Nation, in formulating a policy, would have to decide whether it is going to move industry so it would be in their reach, where they could remain at home or whether it would move them out of the communities and find new residences for them and disrupt the family. We would have that decision to make.

You might also have to consider whether it would be in national interest just to move the industries away to the communities where the men are or move the men away to the communities where the work is, build barracks for them and break up their homes. If you have got to break up their homes, it might be better to move the men around to the areas where there was a dearth of manpower.

Mr. HAUSER. There are two types of vacancies in the labor force, from the standpoint of potentiality, for the first of which I think the

women are the best labor reserve. First of all, women can probably more easily step into the vacancies in industry that are occasioned by the induction of men into the armed forces, because the induction of men into the armed forces is scattered geographically throughout the Nation on a fairly uniform basis and therefore such vacancies, as they occur, can be filled by women, because they are also distributed similarly. But to the extent that you get a tremendous concentration of was production activities in any one section, either through the letting of contracts, or whatever the reason may be, women do not become so readily available to meet such a demand, because they are not at that point, but are scattered throughout the country.

Now, with respect to the first type of vacancy, women could relatively easily fill in and close the ranks. With respect to the second type, and that is where your problem is most urgent, women are not necessarily an easy answer. It does not do any good to have six and a half million women available for that labor force when they are scattered throughout the country, when your jobs are in Detroit, for example.

Senator PEPPER. It might involve, if we had knowledge of that fact and gave them due consideration—it might be that a certain type of manufacture which is being carried in the factory might be carried to the home. A certain amount of sewing, a certain amount of work on uniforms, a certain amount of work in the making of civilian materials must be done by the housewife either working in her own home or working in little groups, under supervision, in the little town, in any group she might be in.

Mr. HAUSER. Yes.

Senator PEPPER. That again is possible only, when you have got an expanding of the production program, when all the aspects are taken into consideration when the policy is formulated. If you have just got a patchwork program where you throw up a handful of mud and grab another handful and throw it up, you are not liable to get symmetry and harmony in the picture that you make, are you?

Mr. HAUSER. No, sir.

Dr. LAMB. Right on that point, with respect to Detroit, the Women's Bureau in Detroit is mobilized, and the numbers must be sizable as they are in any large community. There might not have to be some shuffling around from occupation to occupation. People can be employed in nonessential industries, males of certain skills, can be transferred, and women trained for their jobs, and so on. So, you might find an adequate supply in many of these centers and not need to be moving them in. Take for example the movement of workers from New York to Oregon recently. A complete reshuffling of the labor supply of Oregon might have turned up more than an adequate supply of labor within the community to take care of even an expansion.

Mr. HAUSER. That might well be. The reshuffling has tremendous implications. If you examine the labor supply in any area, it is clear, if you could reshuffle, that women might enter types of employment which would free other persons who could become available to migrate, even if the women themselves had to stay in that locality. You run into this type of interesting psychological problem rather than statistical: There is a tendency for women to come into the labor force in those occupations that may be best publicized or that

have the highest prestige value, and there may be a real problem of education involved in recruitment and training. The debutante may make the best contribution to the war effort by washing dishes and thereby freeing some dishwasher so he may be able to go to Oregon. That is part of the problem of education in recruitment and in placement. Those are problems that are quite complex and are definitely policy matters, and are problems which the management and operating agencies must face.

Senator PEPPER. Well, there, again, arises the necessity of having in every community and in every area an agency which has, first, the detailed knowledge of the character of that area, and, secondly, has a thorough knowledge of the needs that must be supplied in that area, and then has a general authority to bring one into contact with the other; in other words, to work that matter out by a proper educational program, proper training program, proper inducement, proper mobilization of the community, the spirit of sacrifice, but you cannot particularly do either unless you know the facts as to the need and the facts as to the available material.

Mr. HAUSER. Yes, sir.

Senator PEPPER. Any program then that is sound, based upon the summary to which you come here, must take into consideration an adequate training program and a placement program for the women workers?

Mr. HAUSER. Yes, sir.

Senator PEPPER. Above 20 years of age.

Mr. HAUSER. That is an inevitable conclusion, if you assume that the armed forces are to reach the figure of 7,500,000 and present production is to continue.

Senator PEPPER. Senator Schwartz, have you any questions?

Senator SCHWARTZ. I have one question. Unfortunately, I was called out when he was talking about the labor situation in Germany. The only question I had in mind was whether there was legal authority in practice in either one of the countries you mentioned to transfer the employee from one place to another without his consent?

Mr. HAUSER. In Germany, anything is legal that is dictated, and I think the answer is quite clear. They have bodily transferred people from hither to there, and they have done so, from reports which reach us from reliable sources, frequently under most brutal circumstances.

In England, there is also authority to effect such transfers. I do not happen to be an expert in that. It goes beyond the purely statistical realm, but the problem there I might say is a little bit less complicated than it is here. They have had, for example, compulsory housing for the people. They have taken people into the communities, and if there were no housing facilities, they had the authority to ask persons with unused rooms to put the people up. In fact, they have had to exercise very broad authority.

The difference in the problem between England and here is this: Where they do transfer them in England, the distances are relatively small. The man who is away from his family can reach his family generally over week ends without great complications. In this country, the problem of distances is so vastly different that the problem of compulsory transfer might be serious. The geography of the situation is different.

Senator SCHWARTZ. Limiting it to the war plants, if the British authorities should deem it necessary and they would tell a certain group of workers in London to go to Scotland or to Manchester, is there authority to make them go?

Mr. HAUSER. Yes; it is my impression they have such authority.

Dr. LAMB. In answer to the Senator's question, the national service acts do give such authority. They have numerous safeguards, and these include the fact that no worker can be discharged nor can he quit without permission; so that there is machinery set up for an appeal in these cases of discharge or leaving work, which includes carrying those cases, in some instances, up to the national level. Most of them are settled by local appeals boards.

Senator SCHWARTZ. Up to a certain point, they have the same control in England over the workman that they have over the boy in the fighting line?

Dr. LAMB. Yes; they provide numerous safeguards, including subsidy for transfer and training facilities, and some allowance for his family that is left behind, or for him in the new situation until he has gotten settled, if his expenses are excessive for the first few weeks of his new stay.

Senator PEPPER. I believe that is all now, if you have no further questions.

We are very much obliged to you.

You are going to leave this material here with us, and we determine about what part of it should properly be in the record.

Mr. HAUSER. All right, sir.

(The material submitted is as follows:)

DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS,
Washington, October 21, 1942.

Hon. CLAUDE PEPPER,
United States Senate, Washington, D. C.

MY DEAR SENATOR PEPPER: In accordance with your request at the hearings before the subcommittee of the Committee on Education and Labor on October 16, 1942, I am submitting herewith certain data pertaining to the age and sex of certain segments of the population which are not in the labor force and to the education and skills of persons in the labor force. The following paragraphs refer to the material which has been compiled and selected for your use.

Persons not in the labor force because of permanent disability.—The marked columns of exhibit A show the number of persons not in the labor force because of permanent disability, chronic illness, or old age. The total number of such persons in March 1940 was 5,220,000, of whom 2,954,000 were males and 2,266,000 were females. A large proportion of those unable to work were in the upper age groups. More than one-fourth of the total were 75 years old and over, and two-thirds of them were 60 years old and over.

Persons in institutions.—Exhibit B shows the number of inmates of penal institutions, of hospitals for the mentally diseased or defective, and of homes for the aged, infirm, and needy. All inmates of such institutions were considered as not in the labor force, although some of them, especially those in penal institutions, perform work within the institutions. Of the total number of persons in such institutions in March 1940, 767,474 were males and 410,000 were females. Although a considerable proportion of the men were in the prime working ages, the potentialities of the group for meeting urgent labor demands are greatly reduced by the fact that two-fifths of the total were in mental institutions. The total number of men in penal institutions was less than 300,000 and many of them are already engaged in work that contributes to our national product.

Number of persons absent from work because of temporary illness.—The data collected in the 1940 census do not provide direct evidence on the number of

persons absent from work because of illness. Such persons, together with several other groups, namely, those temporarily absent because of vacation, industrial dispute, bad weather, or short lay-off are included in a category designated as "with a job." The size of the "with a job" group is shown in exhibit C. The total number of persons reported as "with a job" in March 1940 was 1,121,000. On the basis of various studies in this country and abroad, it would appear that between one-half and two-thirds of the persons in this group were not working because of temporary illness.

More specific data on the amount of time lost because of illness are available from data collected in May, June, and August 1942, at the request of the Social Security Board. A special question covering the number of days lost during a given week from ordinary activities because of sickness, injury, or disability was asked of persons included in the sample covered by the Current Surveys Section of the Bureau of the Census. This would provide a rough estimate of man-days lost from employment for these reasons, although at a seasonal low point. A more detailed statement can be obtained from Berkev Sanders, Chief of the Division of Health and Disability Studies, Bureau of Research and Statistics, Social Security Board.

Data on educational qualifications.—Tables 1 and 2 of exhibit D present data on the years of school completed for persons 25 years old and over, by race and sex, for the urban, rural-nonfarm, and rural-farm sections of the United States, and in simpler form for divisions and States. These figures indicate that for the United States as a whole 3.7 percent of all persons 25 years old and over reported that they had never completed as much as 1 year of formal schooling. Those completing fewer than 5 years amounted to approximately 10,105,000, or 13.5 percent of the total. As may be seen from table 2 of exhibit D, this proportion varies widely from State to State.

Number of persons trained in major categories of skill.—The release presented as exhibit E shows for males and females the number of persons employed and the number seeking work in each of a detailed list of occupations. The marked columns provide information on the number in each major category, such as professional and semiprofessional workers, farmers and farm managers, etc.

Basis for classification of persons engaged in nonessential activities.—The segregation of persons engaged in nonessential activities as far as the war effort is concerned must be made in part on the basis of industrial classification and in part on the basis of an occupational classification. Exhibit F shows the total number of employed workers in March 1940 classified in 45 industry groups. It is not within the province of a statistical agency to subdivide such a list into essential and nonessential activities. Industries frequently cited as examples of those which could be curtailed with least sacrifice are wholesale and retail trade with over 7,500,000 employees in March 1940 and personal services with more than 4,000,000. Exhibit E presenting the occupational distribution of the population may also be of use in the classification of the population into essential and nonessential activities. Additional census material shortly to become available will reveal the occupational structure within important industries and thus will show the kinds of workers likely to be made available from curtailment of certain less necessary lines of endeavor.

Synopsis of submitted material.—The releases and bulletins submitted at the time of the hearing may be conveniently grouped in the following categories:

1. Releases pertaining to labor reserves; that is, to persons not in the labor force in March 1940 but who would be most readily available for expanding the labor force:

- P-9, No. 10. Potential Labor Supply in the United States.
- P-9, No. 13. Reserve Labor Supply Among Women in the United States.
- P-14, No. 4. Labor Reserves in the United States by Age, Marital Status, and Sex.

2. Releases and bulletins showing the age distribution of the labor force and the employment status and condensed occupation and industry information for counties, small urban places of 2,500 or more, and metropolitan districts:

- P-4, No. 8. Preliminary Figures on Employment Status of Persons 14 Years Old and Over in the United States and in Urban, Rural-Nonfarm, and Rural-Farm Areas, by Sex, Color, and 5-year Age Groups.
- P-4, No. 9. Preliminary Figures on Employment Status of Persons 14 Years Old and Over in the North, South, and West, by Sex, Color, and 5-year Age Groups: March 24-30, 1940.

P-10, No. 7. Employment Status of Persons 14 Years Old and Over in the United States: March 24-30, 1940.

P-10, No. 9. Employment Status of Persons 14 Years Old and Over by Regions, Divisions, and States: March 24-30, 1940.

P-10, No. 10. Employed Workers 14 Years Old and Over by Major Occupation Group, for the United States: 1940.

P-10, No. 11. Employed Workers 14 Years Old and Over by Industry Group for the United States: 1940.

P-10, No. 12. Employed Workers 14 Years Old and Over by Major Occupation Group, for Regions, Divisions, and States: 1940.

P-10, No. 13. Employed Workers 14 Years Old and Over by Industry Group, for Regions, Divisions, and States: 1940.

P-10, No. 16. Employment Status of Persons 14 Years Old and Over for Cities of 100,000 or More: March 24-30, 1940.

P-10, No. 18. Employed Workers 14 Years Old and Over by Major Occupation Group, for Cities of 100,000 or More: 1940.

P-10, No. 19. Employed Workers 14 Years Old and Over by Industry Group, for Cities of 100,000 or More: 1940.

P-16, No. 1. Age of the Labor Force, by Sex, for Regions, Divisions, and States, and for Cities of 100,000 or More: 1940. Population Second Series Bulletin for New York.

3. Detailed data on occupational and industrial distribution of the labor force: P-11, Summary. Occupations of Persons 14 Years Old and Over in the Labor Force, for the United States: 1940.

P-11, No. 49. Occupations of Persons 14 Years Old and Over in the Labor Force: 1940—New York.

P-13, No. 49. Industrial Classification of Persons 14 Years Old and Over in the Labor Force: 1940—New York. Population Third Series Bulletin for South Carolina.

These data are available for States and cities of 100,000 or more. Tables similar to those presented in the Third Series Bulletin for South Carolina can be made available in photostat form upon request.

☛ We shall be glad to provide you with available additional detail on any of the above subjects that you desire.

Sincerely yours,

J. C. CAPT, Director.

(Voluminous material accompanying Mr. Capt's letter is on file with the Committee.

(The following exhibits are referred to in the preceding testimony:)

EXHIBIT A

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

Washington

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 P-11, No. 49. Occupations of Persons 14 Years Old and Over in the Labor Force: 1940—New York.
 P-13, No. 49. Industrial Classification of Persons 14 Years Old and Over in the Labor Force: 1940—New York.
 Population Third Series Bulletin for South Carolina.

EXHIBIT B

Persons 14 years old and over not in the labor force because of permanent disability, chronic illness, or old age, by sex, for the United States: Mar. 24-30, 1940

Age	Total	Male	Female
Total, 14 years and over.....	5,220,098	2,953,658	2,266,440
14 years.....	10,468	5,429	5,039
15 years.....	14,560	7,960	6,600
16 years.....	20,431	10,407	10,024
17 years.....	27,858	10,756	17,102
18 and 19 years.....	54,369	26,692	27,677
20 years.....	30,369	14,324	16,044
21 to 24 years.....	103,504	51,209	52,295
25 to 29 years.....	121,407	62,297	59,110
30 to 34 years.....	125,015	67,607	57,408
35 to 39 years.....	132,905	76,132	56,773
40 to 44 years.....	109,133	108,133	61,000
45 to 49 years.....	262,944	132,240	70,704
50 to 54 years.....	258,444	161,802	96,582
55 to 59 years.....	317,179	191,816	125,363
60 to 64 years.....	492,537	289,225	203,312
65 to 69 years.....	807,259	475,599	331,660
70 to 74 years.....	904,733	525,278	381,455
75 years and over.....	1,433,984	738,692	695,292

EXHIBIT C

Persons 25 years old and over, by years of school completed, and sex, for the United States: 1940

Years of school completed	Total	Male	Female
Persons 25 years old and over.....	74,775,836	37,463,087	37,312,749
No school years completed.....	2,799,923	1,471,290	1,328,633
Grade school:			
1 to 4 years.....	7,304,689	4,079,100	3,225,589
5 and 6 years.....	8,515,111	4,399,910	4,115,201
7 and 8 years.....	25,897,963	13,239,380	12,658,573
High school:			
1 to 3 years.....	11,181,995	5,332,803	5,849,192
4 years.....	10,551,680	4,507,244	6,044,436
College:			
1 to 3 years.....	4,075,184	1,833,961	2,251,203
4 years or more.....	8,507,331	2,021,228	1,386,103
Not reported.....	1,041,970	588,151	453,819

Senator PEPPER. We are very much obliged to you, Mr. Hauser, and you, Mr. Capt.

Mr. CAPT. We are very glad to make our Bureau available to you and your committee for any uses you care to put it to.

(Whereupon, at the hour of 4:30 p. m., the committee adjourned.)

INVESTIGATION OF MANPOWER RESOURCES

TUESDAY, OCTOBER 20, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10:30 a. m., in room 424, Senate Office Building, Senator Claude Pepper presiding. Present: Senators Pepper, Schwartz, and La Follette. Senator PEPPER. The committee will be in order. Mr. Smith.

STATEMENT OF CHARLES W. SMITH, PRESIDENT, SMITH ENGINEERING & CONSTRUCTION CO., PENSACOLA, FLA.

Senator PEPPER. Mr. Smith was here yesterday to testify. We were not able to get to him, so we will call him as the first witness this morning.

Mr. Smith, we will appreciate it if you give your name, your residence, your occupation, and any representative capacity in which you come here, and then such statement as you might have to make on the question of manpower.

Mr. SMITH. Mr. Chairman and gentlemen, I have a few notes here that I would like to present. I would like to complete my testimony and then I would be glad to answer any questions that anybody might have.

Senator PEPPER. Go right ahead.

Mr. SMITH. I am Charles W. Smith, president of Smith Engineering & Construction Co., Pensacola, Fla. I am also member of the executive committee of Florida section of American Road Builders, and vice president of the National Association of American Road Builders. Our road-building industry, before the war, was the largest industry in the country. Even 6 or 8 months before Pearl Harbor, 60 or 70 percent of our industry had been converted to the building of access roads, streets, runways, taxiways, landing mats, drill fields, storm sewage, sanitary sewage, bombing ranges, and warm-up aprons for hundreds of huge cantonments and airports. As you know, our industry has now gone 100 percent for the war effort.

Never was an industry called on to build so much so fast. We are building huge cantonments—with the help of our brother house-building contractors—to house sixty to seventy thousand men. These we are finishing in from 3 to 5 months. We are building huge airports with clearing, grubbing, paving, hangars, administration buildings, and barracks constructed, for the use of our Flying Fortresses, B-25's, P-38's, P-47's, and all the rest of our trainers and fighters. Three weeks after my outfit started construction of an airfield at

Eglin Field, Valpariso, Fla., Flying Fortresses were taking off and landing on runways built in the Florida sands, sand that you could not have driven your automobile through without sticking. My company has built for the Navy and Army in south Alabama and west Florida during the past few years fourteen or fifteen million square yards of asphalt runways and taxiways. This year we will pour 25,000,000 gallons of asphalt. I used to think 1,000,000 gallons was all the asphalt in the world, just as you gentlemen used to think a billion dollars was something.

If you should stretch the runways that my company has built in the past 2 years out into a 20-foot roadway, it would reach from Pensacola, Fla., to Washington, D. C. General Doolittle trained his famous outfit for 30 days on our runways before taking off for his attack on Tokyo. Lieutenant Commander O'Hare and all of the older Navy fliers have trained on runways that we built at Pensacola.

These runways and taxiways had to be built good as well as in a hurry. A bad section of pavement and you would have pilots and bombardiers killed, Flying Fortresses, P-47's, and PB 2Y's crashed. Valuable time would be lost in tying up the runways to rebuild the pavement. Valuable materials would be lost. I am trying to say that the work my outfit is doing is important. That it is a part of the war effort. That it has taken 5 to 10 years to train my men. That they are highly skilled and cannot be replaced except by highly skilled men. That they are volunteering or being drafted into the service. That we have lots more airfields to build so that our fliers can be trained properly and can spark the winning of this war with a chance to come through safely. That you should do something to stop my men from going into the service. That their present jobs are just as important to the war effort as that of a pilot, bombardier, or United States engineer officer. That if you don't stop them, tell them that their job is important, tell them so that they won't feel like or be considered slackers, my outfit will be shut down in a few months and so will the other construction outfits of the country. That the skill of these men will be lost to the country and the cause. That when war construction is finished in this country, you will need our outfit in other parts of the world where soil and other conditions are similar, to build airports and roads. That our outfit is like a football team that has been trained from 5 to 10 years together; that is, it is coordinated and has real team-work. That it has improved methods and specifications, redesigned old and builds new equipment to construct better and faster. That these men are going into the armed forces and will be lost to the construction industry. At least lost to the outfit into which they fit best and can accomplish most. Let's keep these men together until we know they are no longer needed for vital war construction.

I want you to know that I am not trying to impress you with my importance or the importance of my outfit. We are really just a small outfit working along with one-thousand-three-hundred-odd other road and heavy construction outfits doing the construction that has to be done before our air force, mechanized units, and armies can be trained. Hundreds of other outfits have been working just as hard and accomplished even more than we have. Some of my friends have been building 15,000 square yards of concrete pavement per day when 3,000 to 4,000 square yards used to be a huge day's work. I

know some others who have been moving 60,000 to 100,000 cubic yards of dirt per day when 2,000 to 5,000 cubic yards used to be a real day's work. Yes, we, in our industry, are doing our part just the same as the airplane manufacturer, the tank manufacturer, the gun manufacturer, the Diesel-engine builder, and the shipbuilder. But we cannot continue to do so without our men, superintendents of construction—to the Army field generals; office managers and warehousemen—to the Army quartermasters and ordnance; foremen—to the Army captains and lieutenants; mechanics and operators—to the Army equipment specialists, pilots, and armored tank drivers.

We have been organized for years as mobile units similar to mechanized units of the Army. We complete a project and move overnight 200 miles across the country and start war on tree stumps, rocks, mountains, rivers, hills, spongy soils, and conquer them, leaving behind us smooth, safe highways and runways.

I am going to give you one good example of what is happening to our industry in the loss of manpower. We are losing one of our best superintendents to the Army. His outfit built a good part of the 15,000,000 square yards of runways that I spoke of. The following are the facts in his case:

Name: M. F. Gonzalez.

Position: General superintendent on \$6,000,000 project at proving ground, Army Air Corps, Eglin Field, Valpariso, Fla.

Age: 34 years; unmarried.

Experience in construction: 15 years.

Years with company: 10 years; started as warehouse man, timekeeper, assistant superintendent.

Years as superintendent: 6 years.

Pre-war classification: I-A; before war was reclassified because over 28 years.

Post-war reclassification: I-A; was granted deferment at company's request.

When deferment ran out last August, our company asked for further deferment, but even though our requests were strongly supported by a letter from Captain Littlefield, United States area engineer on Eglin Field project, and a strong wire from the district office of the United States engineers, Mobile, Ala., deferment was not granted. Copy of letter and wire follows:

File-EG-RI-DeW

EGLIN FIELD, Fla., August 18, 1942.

SELECTIVE SERVICE, LOCAL BOARD NO. 1, ESCAMBIA COUNTY, Pensacola, Fla.

Re Manual Francis Gonzalez, Order No. 998.

GENTLEMEN: This letter will supplement and support reasons set forth by Smith Engineering & Construction Co., Pensacola, Fla., for the purpose of securing a further deferment for the above named registrant. This office is not authorized to directly request the deferment of any contractor's employees other than "Heavy equipment operators." However, it is definitely to the advantage of the work in progress at this station, and to this project's relationship to the national war effort to request a deferment for Mr. Gonzalez, therefore, this office is setting forth below some pertinent data in connection with his work here. This office is aware of the fact that the local draft boards are vitally interested in furthering the war effort to the greatest possible extent, and it is felt that if sufficient justification is shown that favorable consideration will be given to reasonable requests. It is desired to reiterate the belief of this office that the war effort will benefit more by allowing Mr. Gonzalez to remain in his present capacity than by his induction into the armed forces.

Mr. Gonzalez has been in direct charge of various phases of construction work at this project since early March 1941. At the present time, he is the sole representative of his company at this project and is now in full charge of and totally

responsible for the progress of approximately \$1,800,000 worth of work. This work is complicated and urgent, and is scattered over an area of approximately 600 square miles. All of the information and details necessary to coordinate the activities connected with this are at Mr. Gonzalez's fingertips. It is felt that if he were replaced at this time or at any time before the conclusion of the present program that there would be a definite slackening of the work with which he is connected and that there would be delays for which this office would be held responsible by higher authority. It is therefore urgently requested that this matter be given favorable consideration.

For the district engineer,

Yours very truly,

GEORGE T. LITTLEFIELD,
Captain, Corps of Engineers, Area Engineer.

We also had a wire supporting our request for his deferment from the district office in Mobile, Ala., from the U. S. Engineer Office. It is addressed to the Selective Service System, Local Board No. 1, Escambia County, Pensacola, Fla.:

Reference proposed induction of M. F. Gonzalez, superintendent for Smith Engineering & Construction Co. Mr. Gonzalez is thoroughly experienced with all construction work performed at Eglin Field. This is a war project and it is urgent that remaining work be supervised by contractor's employee thoroughly experienced with all phases of this job. Replacement of registrant not available. Contract expected to be completed by January 1, 1943. Deferment of Gonzalez to that date will expedite war effort. Your earnest consideration requested.

U. S. ENGINEER OFFICE, Mobile, Ala.

I went up and talked to the draft board, after these various papers were presented, and I filled out a form, Form 42, requesting his deferment as his employer, and the board told me that in spite of all this they could not defer Mr. Gonzalez again, that various fathers and mothers had inquired as to why Mr. Gonzalez had not been drafted, and they could not go any further with the matter. We did not appeal because we were afraid we might do something to hurt Mr. Gonzalez.

If there is any way that we could be allowed to hold our superintendents, office managers, foremen, and some of our skilled operators it will mean that we can do our present job in the war effort better, faster, and cheaper.

As you can see under the present system not even our military leaders can keep our manpower where they know it is most needed.

When I talked to the draft board about Gonzalez' case, they admitted that our arguments seemed very sound, but that they had been questioned by mothers and fathers of draftees quite often lately, as to why "Pop" Gonzalez was permitted to stay out of the Army. As you know in small towns, and most of us live in small towns, keeping up with everyone else's business, the local draft boards are really on the spot. When they are given a quota to get, they get it whether defense worker, married man, or even a man with wife and children. Until we get some over-all scheme of things to control manpower so that we can put first things first, get the job well in hand, and then turn to next things next, we will never end this job as it should be ended—right side up.

Do something now to keep our heavy construction outfits manned so that we can do our part to win this war. When the need for construction is gone, put guns on our shoulders and send us where you will. Thanks.

We all have ideas of how the above could be accomplished—this will come out in the discussion.

In conclusion, I might say that in the State of Florida, in order to hold the men, a nucleus of men that we have to have to operate our projects with, that we can train older and newer men, or possibly use women in our industry, the nucleus would possibly not amount to over 500 or 600 men in the State of Florida. As to the estimate country-wide, we could work out an estimate on that.

Senator PEPPER. You mean 500 or 600 men for whom?

Mr. SMITH. For the contractors, the construction engineers.

Senator PEPPER. All the contractors in the State of Florida?

Mr. SMITH. All the contractors in the State of Florida; yes.

Senator PEPPER. Who are engaging a total labor force of about how many, would you say?

Mr. SMITH. I should say that there would be working somewhere in the neighborhood of 15,000.

Senator PEPPER. So only about 500 out of the 15,000 would be keymen?

Mr. SMITH. Yes, sir.

Senator PEPPER. The sifting out of those men in the draft would make it possible for you to vastly expedite the work for the Government that you are now carrying on in the building of bases, airfields, and that sort of thing?

Mr. SMITH. Yes, sir. It looks as if the work in our part of the country is going to continue well into next year. Most of us will have work that will go on through the spring. At present it looks to me as though we were going to be almost shut down in the early spring by the loss of superintendents, foremen, office managers, and key operators.

Senator PEPPER. You mean the organizations will not be able to carry on this Government work?

Mr. SMITH. No, sir; they will not.

Senator PEPPER. What kind of work are the contractors doing?

Mr. SMITH. We are building access roads into cantonments, into airports and bases. We are building runways and taxiways for the airports, and roads and streets into cantonments, sewers, grading, drill fields—we are doing all the outside work in connection with the war effort in our State.

Senator PEPPER. Now, all those projects to which you have referred are directly, of course, connected with the war, either as training fields or as bases of operation for tactical forces?

Mr. SMITH. Yes, sir; either working for the Navy or Army, or Maritime Commission in some cases where they are building new plants in our State.

Senator PEPPER. Have you had any conversations with the Army engineers about this problem where they have expressed sentiments similar to these expressed in your case?

Mr. SMITH. Yes, sir. Of course, it has been a problem that has confronted us for quite some time. I have personally discussed it with quite a few of the officers in charge. They realize we are going to lose an awful lot of our men; they realize our efficiency is going down and it is serious, and they are concerned about it, but there is nothing that they can do. As you can see from these wires to the draft board, their requests have little or no effect at all. The local draft boards, without rulings from Washington or from headquarters, are not prone to act or do anything, but just let the matter run.

Also, when the war first started, as I stated here from my notes, we were able to get deferments during the first part of last year, but it is beginning to tighten up to the point now where we realize we are not going to get them. They are turning us down. Men are put into class 1-A now for the first time. It looks as though we are not going to be able to get deferments for them even for the first time.

The local situation is coming into it, as I stated here, with the draft boards very much on the spot. In the Gonzalez case, he is a young man 34 years old and holding a job that is very necessary to the war effort at the present time in west Florida, and the mothers and fathers have been noting that he is still out of the Army. He is of an old family there in a small town where everybody knows everybody else's business, and they stop the draft board members on the street and question them about it, "Why is it that my boy goes to the Army when Gonzalez is not in the Army?" That is the situation that is confronting the local board members in our section of the country.

Senator PEPPER. Obviously the draft board feels it has to be fair to all the boys that go to war.

Mr. SMITH. They do not give very much consideration to the war effort, to the job that a man is holding down and its effect on the war effort.

Senator PEPPER. Senator Schwartz, have you any questions?

Senator SCHWARTZ. No.

Senator PEPPER. Senator La Follette?

Senator LA FOLLETTE. No.

Senator PEPPER. Thank you very much, Mr. Smith. We appreciate your coming.

Mr. Rogers.

STATEMENT OF HARRY E. ROGERS, WORKS MANAGER, NORDBERG MANUFACTURING CO., MILWAUKEE, WIS.

Senator PEPPER. Mr. Rogers, will you state your name, where you are employed, and your position, and in what capacity you come here, and then make such statement as you might care to make affecting the subject of manpower?

Mr. ROGERS. Harry E. Rogers, works manager of the Nordberg Manufacturing Co., Milwaukee, Wis. We are manufacturers of quintuple and triple torpedo mounts for the Navy, Diesel engines for the propulsion of ships, and also we are building 100 5,000-horsepower steam engines for the propulsion of the new transport aircraft ships that they are building for the Kaiser Airport at the Vancouver yard up in Washington. That is, all our work is defense work, either for the Navy or Maritime Commission, but primarily for the Maritime Commission.

I am not going to recite any specific cases on this. Our trouble is developing more since September sometime. I do not know that it is particularly from the draft. It is due probably equally from the draft and from enlistments. Those enlistments, of course, will develop as these different notices come out in the paper that they are going to take this class and that class. Then the men run to enlist, because even though we have a Selective Service Act, which it was our understanding was supposed to place men in the position that

they are best fitted for the war effort, there is still a feeling by everybody that they can go and enlist and get something better out of it. We wonder why we have the act when we provide through the draft to take the men from the right places where they ought to be, or when they may enlist. In every big city we have places where you can enlist in the Marine Corps, in the Navy, the Coast Guard, or the Army, and at the same time we have a vast force throughout the country that is trying to puzzle this problem out and select the men and place them where they are to be put. However, that is something that we have, and we have to go along with it.

In our particular case, we were getting along very well up to about September. Up to that time we had lost 263 men to the draft.

Senator LA FOLLETTE. Out of how large a force, Mr. Rogers?

Mr. ROGERS. We started out in January of 1941 when this took place. At that time we had 1,545 men. At the present time we have 3,200 men. During that time we have built a plant that is used entirely in the production of quintuple-torpedo mounts and now goes over to the triple mounts for the Air Corps vessels. We get practically all of the men from learners, because we thought it was a job that would lend itself to tooling up. So while a man just did not work on one operation all the time, we put him on one machine, and with the fixtures to put the work in it had to come out, because with all the work, the putting on of learners, with the other things to watch, with the scarcity of materials, you may lose materials because the inexperienced man cannot do the work.

Now, it seems to us that it gets back down to the place where your local board is a neighborhood man. That neighborhood man has to face the mothers of all these boys who go to war, and he knows more about the neighborhood than he does about the actual manufacturing processes.

Now, as far as I am concerned, I am simply talking about Nordberg and what may be called heavy-industry business. That is, we are not a mass-production shop in any way, but in the war industries, you have mass-production shops. In mass-production shops a man may run a certain machine and you could take him and send him to the Army and you could bring another man in in 6 or 8 weeks, because he is never doing anything but one operation on that machine. You take the other type of plant, that is, a heavy-industry plant, where at no time you have a great quantity of any one thing to make, the man you train on that machine has to know everything that has to be done on that machine. He may get four, six, or eight different jobs during the day. That work requires a skilled mechanic, and those skilled mechanics you cannot make in 3 or 4 months, especially when you put someone on a machine that costs \$100,000 and you give him a piece to work on that costs \$5,000 or \$6,000 and the tolerances are in thousandths, it does not make sense to put girls on the machine. However, in all industries we do have lots of places where we can put a woman, or where we can use the so-called learner that we can train.

It seems to us that there ought to be some kind of survey made of these plants by men who actually can make the survey and who know what the manufacturing practices consist of. Those skilled mechanics are valuable in the war effort and they should be left on the machine, and they should be left on the machine whether they are single or married, if we are trying to work this thing out.

Another thing, I think when that married man or that single man is definitely assigned by the Government to that skilled work in the plant, that it is more important for him to work on that machine than it is for him to be in uniform, I think he ought to get some kind of insignia that he can wear, so the rest of the people will know that he is doing his part. When these people walk along the street not in uniform, other people think they are not doing anything, and the first thing you know they have gone to enlist, and by doing that they have not helped the war effort one bit, because they are more valuable to us, they are more valuable to the country in operating on one of these machines than they would be in the Army.

I would also like to say that if we have a 10,000,000 Army and we have equipment for 9,000,000, somebody ought to be criticized.

Senator LA FOLLETTE. Has this reached the point where you can see the effect on your efficiency and production?

Mr. ROGERS. Yes, sir. Now, as to the draft boards, they issue certain directives. I think they come from General Hershey's office. Those directives are not explicit in any way. They are left entirely to the discretion of the board as to what they want to do with them. I was not going to bring up any particular cases, but there is one case that I would like to cite to you. If the latest directive was followed through, as far as our place is concerned, nobody would be drafted. It cites, bombs, mines, torpedoes, grenades, chemical warfare, projectiles, explosives, pyrotechnics, and then it comes down to mortars, tanks, sighting, fire control, torpedo tubes, and it gives us two sheets of men that would not be accepted because they are in those industries. The first man we have comes into the classification of cost accountants. It includes cost accountants in here. We spent over a year trying to locate a cost accountant for the foundry, and we finally found one 4 months ago. He happens to be a C. P. A., and that makes him a little more than a cost accountant. The man was married a few weeks after this law went into effect so he is not counted as being married, even though he was engaged for a year and a half before that. That man was put in class 1-A because he has only had 4 months' experience with us. A C. P. A. does not gain his experience in 4 months in any one plant. Now we are starting out hunting another man for that job, and with all the different things that come up, God knows cost accountants are valuable to companies now.

This directive, and this part of the directive works differently with the different local board. We have one board that will give us an apprentice that had a year and 3 months' training, they will defer him, and another board puts an apprentice in 1-A that has been with us over 2 years. There is no sense to that. Now, when we go back to this first board with an apprentice that was with us over 2 years and they discover that another board has sent one in that was with us 15 months, they will send this other one in. Three- and four-year apprentices are our backbone, they are helping us out and we have got to have them. We started training apprentices 4 years ago, when we did not know that this was coming up. In the 4 years things have changed. We did try to hire apprentices at 18, because that conforms with most of the State laws. That meant if we had apprentices with 2 years' training, they were deferring them. Now they have changed. Where we were going back to 18-year-old men, now we are going back to 16-year-old apprentices. We will probably lose the other apprentices, the men that have been trained.

An apprentice is different from a learner. An apprentice comes through as a journeyman machinist. That journeyman machinist can work on any operation on any machine.

When you grow from 1,500 men to 3,200 men, with the normal losses that you have, not due to deferment but due to moving around, and things like that, you have got to have a certain nucleus to train men. You cannot train learners without trained men. We have got to have them. It does not mean anything to us whether they are single or whether they are married, but it does mean something to the draft board, because the draft board member has got to face the mother of a single fellow who has been put in the Army. So the draft boards work the other way. Some bartender will be deferred while some first-class machinist will be sent to the Army. That may be helping the draft board, but it is not helping the war effort at all, in my opinion.

We have another system, the quota system. The quotas, as we understand it, are set up in a ratio to the number of registrants that they have in the boards, or in the city, or in the State, and there are certain allowances made for enlistments. That part gets me. That is, they have to send 100 men from the board, but because 10 have enlisted they only have to send 90, which means that those 10 went into the Army without any plan for what is best in the war effort. Now, if a thousand men went in 1 month ahead and were taken from industry, we have lost 200,000 productive hours, and we have sent them to a camp somewhere a month before they were wanted. That is where I cannot see the enlistment part.

Now, as to the quotas—it is my understanding now, and I may be wrong, but I do not think so—we take the same ratio throughout the country because we are democratic. In the entire area of Milwaukee we have got probably 650,000 people of which we know 100,000 at least are working in defense industries, not counting the women. That means 1 out of every 7 is in defense work. We go to a city like New York, which is not an industrial center, nor is it a farming center, it is composed of people that are there principally in the mercantile pursuits of different kinds, they get the same ratio. You would have no trouble picking out any ratio in New York, in my opinion, but when you go to a town like Milwaukee, or any of your industrial areas, and try to take them out on the same ratio, in order to meet those quotas they have got to take men out of essential industries. It seems to me that ratio ought to be changed in some way, and that those things ought to be taken into consideration. You would have the same thing in your farming communities, in your farming States. We are a little unfortunate in Wisconsin, we are both an industrial and a farming State.

Nobody has said anything yet, that I have seen, about putting learners on farms. They talk now about taking the 16-year-old boy and putting him into industry. It seems to me the 16-year-old boy would have a lot better break, after this war is over, if he were put on a farm to do a little farm work.

We feel there ought to be some kind of committee set up to make surveys of the plants and definitely find out what each man within an industry and what each plant within an industry is doing that is essential to the war effort, working on the premise that the war effort means everything, it means farming, it means industry, and it means

the armed forces. Also working on the premise it would be better to have more equipment than soldiers, rather than it would be to have more soldiers than equipment. If we need a million more soldiers, they have got them in Russia, they have got them in China, and they can use our equipment.

We feel there should be a change in the quota system so that industrial cities and farm centers are placed on a different basis in relation to the Army than some of these other centers.

We also cannot see the reason for having two or three regiments of men scattered all over the country recruiting for the Navy, the Coast Guard, and the Army, when we have set up the law of the land known as the Selective Service Act which was to definitely sift through everybody and place them in the positions where they were best fitted for the war effort.

Now, as far as our company is concerned, we are losing men, we are losing good men, not so much as the men that we have lost up to the present time, but the men that we have before the boards now. For instance, there is Alexander Doebler, a journeyman machinist for 6 years and 6 months; Donald Heckel, a journeyman blacksmith, with 6 years and 8 months' experience; Raymon Michalski, a journeyman machinist with 5 years and 6 months' experience; John Nowak, a supervisor of testers, he is the man that does the hydrostatic testing in mill work, with 6 years and 3 months' experience; Ausman Olson, a journeyman blacksmith, who has worked with us for 4 months but he was a journeyman blacksmith with 14 years and 6 months' experience; Mathias J. Stromberg, who is the assistant superintendent, outside erection and test engineer, who has been with us 7 years and 2 months. We have to erect these engines anywhere, whether it is in Franklin Flying Field or in Trinidad, we have to send the men to erect the engines. They have to pick up any help they can find, whether they are foreigners from other countries or from anywhere else. You cannot lose a man like that simply because he did not have the foresight to get married. These are the men that are before the board now. They are skilled mechanics.

In the State of Wisconsin we have got an apprentice law. We guarantee to give them definite instructions on every type of machine, and we give them those instructions, and then they take them away because, as they themselves assert, they want to train soldiers. I do not see why you have got to train two men to keep one job. If we are going to do this job we have got to do it efficiently.

Now, we are not expecting a lot out of this in the way of glory, or anything like that. We have got certain jobs to do. When they call us down and they say they want us to build 100 engines, they want us to get out by the 8th of next December 5,000-horsepower steam engines weighing 330,000 pounds apiece, it is quite a task. We are already building Diesels and everything else as fast as we can. We took that work over in good faith that we were going to get the men to do it, and we hope the materials.

Senator PEPPER. These are things that go in the small ships?

Mr. ROGERS. These are the Skinner steam engines for these ships because you cannot get the reduction gears. They are going in the 50 aircraft transport ships that Kaiser is building. That was a job that was all set, after we were ready to start on Diesels on Friday, and on Saturday they changed it to steam. Incidentally, they are

not our engine, they are the Skinner engine, but Skinner cannot build them as big as these. We have got them farmed out all over the country in addition to what we are doing, we are farming out to over 100 places.

Senator PEPPER. You are making engines to go into ships that have got to be built if we want to get our Army in readiness?

Mr. ROGERS. That is right. Seventy-five percent of our production is on engines for ships.

Senator LA FOLLETTE. Mr. Rogers, I assume you have discussed this with other production men in Milwaukee?

Mr. ROGERS. Not to any great extent; no.

Senator LA FOLLETTE. I was just asking whether the others were not having the same experience.

Mr. ROGERS. Absolutely, because Milwaukee is not a mass production center, Milwaukee is a machine tool center and therefore we have a different problem as compared with the mass production centers. In the mass production centers, in the automobile industry, you run into men that work 10 years making a nut, and that is all he has ever done. He makes one operation on one machine. The machine is set up for them, it is tooled up for them, and if they set the work in it will come out all right. But you haven't got that in the heavy production industry where you have got milling machines that cost \$225,000, and we have got a set of cutters on there, just the cutters, that cost \$1,000, and if the fellow presses a wrong button you have got a thousand dollars' worth of cutters shot. You cannot put learners on that kind of stuff, gentlemen. Where we do drilling through jigs and fixtures, you can put them on.

We are asking for deferment of the very highest type of skilled men who learned the particular trade, like the man I referred to who does all the hydrostatic testing. That man is important to us, because if you are working under high pressures you have got to know something about it.

We are replacing the unskilled labor, we are taking men that have got flat feet or leaky hearts, things like that, that we would not accept 2 years ago, but now we are elated if we get one.

We have also tried to take the boards through the plant. We take them through singly or two at a time in the evening and try to explain to them that this is a milling machine, this is a grinder, or this is something else. We have what is known as a sand slinger. That is quite a big machine. The man who operates it has to know what he is doing. We put in a request for deferment for that man. He was turned down in the first round because he was referred to as a sand slinger operator. The board said anybody can sling sand. We had him down there one night and the fellow looked at it and he said, "My God, is that a sand slinger?" That is what the boards know about it. We try to educate the boards as fast as we can. They are in an awful position when single men are walking down the street and married men are drafted and they are asked why that is so. That single man who is going down the street is in just as tight a spot. He is going to come up eventually and enlist if he hasn't got something that he could wear, that designates him as having done his part, and unless the Government says, "You cannot go into the Army no matter what you want to do, because you are more important on this machine tool."

Those of us that wear the Navy "E" have got a little break. There are a lot of good men in industries that have done enough to earn the Navy "E," just like we have done, who are in exactly the same situation as we are.

I am not bringing up any other cases, outside of the accountant that we have, because that is so definite on the very latest directive, which does not mean anything as far as the draft board is concerned, because they each interpret it in their own way. It depends on whether they have got a lot of people that they can send and not affect industry, or whether a board has got two or three industries, or where they have got most of the population working in the defense industry and they have got to meet their quotas.

As I see it, we either make the stuff or we do not make the stuff. We will still drive hard. We are starting putting on women now, and from what I can see, they will probably be just as good as men in most of the positions we put them in but there are a lot of positions that they cannot work in and there are a lot of positions that a man, unless he is trained, cannot work in.

Senator PEPPER. Senator La Follette, do you have any questions? Senator LA FOLLETTE. I do not believe I have any questions. I would simply like to say that I can confirm everything that Mr. Rogers has said, as the result of communications I have received from Wisconsin manufacturers. It seemed to me months ago that this manpower crisis was obvious and that something ought to be done about it.

As Mr. Rogers says, you can hardly blame the local draft boards under the present situation. You remember Mr. Biddle's testimony in which he pointed out that in England they have a national service officer who is a trained engineer, a trained production man, who goes out and inspects the plants, surveys the plants if a deferment is requested, and he makes an investigation and approves or disapproves it. I think unless something is done very quickly we are going to be in a position where there is going to be a sharp decline in both industrial and agricultural production.

Senator PEPPER. Senator Schwartz?

Senator SCHWARTZ. Are you familiar with the English system?

Mr. ROGERS. No, sir, not in particular.

Senator SCHWARTZ. I want to say, after you have outlined it, you have outlined what the English have done after 3 or 4 years of study and effort.

Mr. ROGERS. I am just outlining what I think.

Senator PEPPER. He meant to compliment you by saying that you, out of your own brains, have evolved suggestions which are substantially the same as the British have put into effect as a governmental policy.

Mr. Rogers, I can certainly concur in what Senator La Follette has said. I had the privilege of visiting your splendid plant in Milwaukee some time ago. I remember your president, Mr. Friend, was earnestly interested in the project in which the plant was occupied. I never saw a more earnest and zealous man in his desire to make the plant contribute something to war and victory. He said he had sometimes wished to throw up his hands. He said, "I don't know what to do. I am expected to turn these out on time," and he showed me the torpedo tubes that the Navy wanted. You have got to have the

torpedo tubes if you want to fight. There is no use in having an Army unless you have something that they can fight with.

Mr. ROGERS. In spite of the fact that we are losing these men, between now and next February we have got to get 500 or 600 more. We are putting up new buildings for the Maritime Commission, and there are 60 new machine tools coming in. Those machine tools range up to 84-inch lathes, 50-foot centers. We are starting to build men up to those points and have gotten down to a small enough basis so that we can throw in learners on the lower end. We have a learner program. Most of the smaller machine work that is done in the torpedo end is done with learners. In fact we got two certificates of individual merit the other day on suggestions, from the War Production Board, the first two in Wisconsin. Of 8 men that we sent to the War Production Board, we were asked for their background, and it was interesting to note that the one that made the best suggestion has spent 6 years as a mortician's assistant. That is what we start from. If we start from that and after 7 months we make it so he can operate a machine and then we lose him and we start all over again we don't gain much, because we have got to get all these new men in addition to what we have got, we have got to get 500 more men. They are doubling what they want in the way of large Diesel engines and a large Diesel engine consists of about 2,500 parts, about 2,500 different pieces.

Senator PEPPER. Mr. Rogers, from what you said my mind is provoked to the thought that the Army itself recognizes that there are certain essential organizations that must be maintained in order to support the fighting men. In other words, every man that wears a uniform hasn't got a gun and out in the front-line trenches, he is out in the Quartermaster Corps or doing paper work or in communications, doing all sorts of jobs other than combat jobs, which they recognize as essential to the maintenance of the fighting force at the front. So you may have the experience of pulling one of your mechanics from one of your defense production plants and putting him into a clerical job eventually in the Army. There is no absolute assurance that the fellow coming out of the factory will be given a gun, he might be doing clerical work, while the clerk may be given a gun and sent to the front. It seems to me if the Army would take men who are not so physically fit, and a lot of women, to do a lot of the noncombat work in the Army, that would mean that they would have more of their men for actual combat duty. It is obvious that there has not been an over-all plan, taking into consideration the national interest and national necessity in regard to the fullest use of our manpower. Now we have priorities in respect to materials but not in respect to manpower.

You have certainly been of great value to us. This record, we hope, will have some influence on the shaping of our policy, Mr. Rogers, and we want to express our very deep thanks to you for coming here and giving us the benefit of your views.

Are there any other witnesses? If there is no other witness present, then we will recess the hearing until 10:30 tomorrow morning here in this room, unless there is further notice given to the contrary.

(Whereupon, at the hour of 11:30 a. m., the committee recessed until 10:30 a. m., Thursday, October 22, 1942.)

INVESTIGATION OF MANPOWER RESOURCES

THURSDAY, OCTOBER 22, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE
ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to call, at 10:30 a. m., in the Committee on Education and Labor committee room, United States Capitol, Senator Claude Pepper (chairman) presiding.

Present: Senators Pepper and La Follette.

Also present: Dr. Robert K. Lamb, special assistant to the committee.

Senator PEPPER. Will you gentlemen come around here, please. We will hear first from Mr. Winner. Very well, Senator La Follette.

Senator LA FOLLETTE. Mr. Winner, will you please give your full name, your address, present occupation, and in what capacity you appear here before this subcommittee.

STATEMENT OF PAUL C. WINNER, PRESIDENT, NATIONAL ASSOCIATION OF PUBLIC EMPLOYMENT SERVICES

Mr. WINNER. My name is Paul C. Winner, 130 State Office Building, Madison, Wis. I am Assistant Director of the United States Employment Service for the State of Wisconsin and also State and labor supply officer; but I appear here in the capacity of president of the National Association of Public Employment Services.

Senator LA FOLLETTE. Let it be noted for the record that on yesterday, as I understand it, Mr. McNutt, Chairman of the War Manpower Commission, testified before the Military Affairs Committee that a legislative program was in the process of being formulated, and, as I understand it, one of the principal provisions which he outlined before the Military Affairs Committee was the proposition that the intake, so to speak, of all employment for industry, should come through the United States Employment Offices, and that also, as I understand it, was one of the propositions advanced by the President in his "fireside chat," so it seems to me very pertinent to the whole manpower situation if you would proceed now, Mr. Winner, in your own way, to tell us what has been happening so far as the personnel of the Employment Services are concerned, and what—in your judgment—will have to be done if this service is going to not only be able to carry on what it is doing now but to accept this very great additional load which is apparently about to be dumped on it.

Mr. WINNER. Prior to January 1, 1942, the Employment Services were operated by the respective States, but on the 1st of January, by Executive order, the Employment Services were loaned to the Federal Government for the duration of the war.

At that time, January 1, the morale of Employment Service personnel was the highest it had ever been in its history. Everyone was pleased

that they were to be Federal employees and would obtain all of the rights and privileges of Federal employees. It was promised that such things as accumulating sick leave and vacations, State pension accruals, would be adjusted to the Federal basis, but this has not actually been put into effect. Vacations have not only been limited but, in practically every instance, it has been impossible for employees to take their vacations.

The salaries of employees of the United States Employment Service have never been adjusted to the Federal basis. As a consequence, other governmental departments not only pay higher salaries for comparable positions, but these higher salaries act as an incentive for employees to transfer to Federal jobs. The salaries offered in private industry are also greatly in excess of the salaries of United States Employment Service employees. As a consequence, about 45 percent of the employees of the United States Employment Service throughout the United States have left to take other jobs, either with other Federal Departments or in private industry.

Senator LA FOLLETTE. Since what date, Mr. Winner?

Mr. WINNER. Since January 1.

The rate of turn-over of employees is accelerating every month. In the past month it was approximately 7½ percent, which would be on an annual basis of 90 percent a year. The unfortunate part of this turn-over is the fact that the older and more experienced employees and those most competent are the ones who get the most attractive offers.

Senator LA FOLLETTE. Well now, as I understand it, these present classifications and scales must, of necessity, be quite low since they were State standards to start with.

For instance, take in Wisconsin, where I am quite sure the salaries are higher than the average, what are some of the salaries that are paid?

Mr. WINNER. We are required to select our typing and stenographic employees from United States Civil Service lists. These examinations are afforded by the United States Civil Service Commission to pay beginning salaries of \$120 per month. We are required to pay them the prevailing State rate, which is \$100 per month. Naturally, when we offer people \$100 per month, when they expected they were going to get \$120, most of them refuse. The few that we can get at \$100 stay merely long enough to get a little experience and then are eligible to transfer to any other Federal department.

In the State of Wisconsin the official week for State employees is 39 hours. When employees in the Employment Service were taken over by the Federal Government on January 1, the working hours were stepped up to 44 hours per week but nobody complained, they were all ready and anxious to do their share toward the war effort. Therefore, for service rendered, from the time standpoint, each one was subjected to what might be considered a 10 percent reduction in salary. The cost of living, in the meantime, has gone up approximately 15 to 20 percent. As Federal employees, each is subjected to a 5-percent deduction from his pay for retirement. Wherein it is true that this may be considered as a saving, nevertheless, employees have just that much money less with which to pay their grocery bills.

Senator LA FOLLETTE. Well, is this a fair statement, Mr. Winner, that in your judgment, if the proposal goes through, to provide that all intake for employment should go through the United States Em-

ployment Service, that a situation will develop, unless this pay classification is adjusted, which will result in inexperienced people being in charge or connected with these offices who will not have the proper experience to assist industry by furnishing them with the qualified personnel?

Mr. WINNER. With the loss of approximately 45 percent in our personnel since the 1st of January, and that is a Nation-wide average, we have lost more than 45 percent of the productive capacity of the Employment Service. As I stated previously, it is almost impossible to replace these people with competent, experienced personnel, because they don't have to start working at the salaries that we are able to offer. The training of these people is more important at the present time than normally, due to the fact that they are subnormal by comparison with the caliber of the personnel we could get in previous years. Training is practically impossible because of over-worked offices and understaffed offices. Practically every office is operating every evening, with no extra pay for extra service rendered.

Senator LA FOLLETTE. What has happened in a legislative way—for the record? As I recall, an estimate was sent up for additional moneys for the Service, but it was eliminated as I recall, by the House Committee on Appropriations; is that correct?

Mr. WINNER. Well, I understand that there was a deficiency appropriation of three-million-some-odd dollars that was deleted. I might say; three-million-some-odd dollars to place employees of the United States Employment Service in Federal classifications the same as other Federal employees; that would automatically permit these people, if they are to be Federal employees, to be on the same basis as other Federal employees. I understand that was deleted by the House and confirmed by the Senate Appropriations Committee.

Senator LA FOLLETTE. Have you any statement or summary that you would like to place in this record on the situation in the various States?

Mr. WINNER. Since I took this office in May, I have been receiving telegrams and letters from members. Our organization has about seven or eight thousand paid-up members. These members have formed themselves into State chapters. The State chapters have sent me telegrams and letters, telling about the very dangerous situation that is developing in employment offices throughout the entire country. Morale was never at a lower ebb and, naturally, efficiency is seriously affected. But the exodus from the Employment Service is going to be even greater in the next few months unless the situation is corrected. In response to a telegram, as president of the national association, a telegram to all State directors, I received 39 replies, and the situation in practically every State is the same.

Senator LA FOLLETTE. Have you a summary of those which could be placed in the record?

Mr. WINNER. Yes; I have a summary, which I would be glad to turn over for the record, and if you wish it, I would be glad to turn over these original telegrams.

Senator LA FOLLETTE. I thought that perhaps you might like to keep those.

Mr. WINNER. I have copies of them.

Senator LA FOLLETTE. I would suggest that they be inserted in the record together with the summary.

(The summary and telegrams referred to above are as follows:)

State	Employees Jan. 1, 1942	Employee separations	Percent turn-over	Comments
Alabama.....	294	131	45	Every loss to Federal agencies and private industry due to better salaries. Lost 33 last 3 months; could hire only 3.
Arkansas.....		88	30	Serious replacement problem.
Colorado.....	239	71	30	Morale lowest in history; efficiency loss.
Connecticut.....	347	218	63	90 percent of loss to other civil-service jobs.
Delaware.....			12.5	Loss 1. 8. Employment Service as whole for month of September.
District of Columbia.....			7.4	Have been trying to fill 25 positions for 30 days; refuse to take jobs at present salary paid.
Florida.....	230	88	38	Rate of resignations increasing—rate of 8 percent in October.
Georgia.....			26	Unable to attract efficient personnel because of low salaries; morale low.
Idaho.....	88	43	50	Morale and efficiency seriously impaired.
Illinois.....		799	60	Lost 15 out of 23 managers in last 6 months.
Indiana.....		323	75	Lowered morale, loss in efficiency; replacements only from low-grade individuals.
Iowa.....			33	90 percent resignations due to wage scale.
Kansas.....	172	57	33	Morale completely destroyed; efficiency greatly lowered; replacement almost impossible.
Kentucky.....	238	123	52	Recruitment difficult because of salaries; morale low.
Maine.....	156	56	36	On togoan slide with respect to losing key personnel.
Maryland.....	275	87	32	30 percent of separations for better wages; replacement extremely difficult.
Rhode Island.....		101	43	Impossible for us to compete with industry and other Federal departments; extremely low morale.
Michigan.....			33	Morale definitely low; must interview 10 to get 1.
Minnesota.....	400	210	52	Replacements practically impossible; morale and efficiency badly affected.
Mississippi.....	208	68	33	Eligible qualified persons not interested salaries offered; constant changes lower efficiency.
Montana.....	85		40	Morale low; left for better compensation in other agencies.
Nebraska.....		55	36	Great difficulty making replacements; rapid turn-over cuts efficiency; no such thing as morale.
New Hampshire.....	93	32	35	Contacted 23 stenographers, 14 accepted; morale bad.
New Jersey.....		274	34	Problem principally in clerical and stenographic grades now substantially resolved.
New York.....			75	75 percent resignations are for higher salaries; lack of adequate salaries demoralizing.
North Carolina.....		141	30	Cannot get people to accept jobs; offered to 32 to get 2.
North Dakota.....			45	Best qualified first to leave.
Ohio.....	1,349	430	33	Morale seriously affected.
Oregon.....		36	50	Difficulty filling vacancies due to low salaries.
South Dakota.....			27	Resignations for other Federal agencies and private industry; cannot hire decently at our salary.
Tennessee.....	343	93	27	Over 200 employees accepted better paying positions; 100 positions unfilled due to inability to meet wages.
Texas.....			39	Morale lower; efficiency impaired; difficult to discipline; training problem serious.
Utah.....			102	Individuals not interested in low salaries offered.
Virginia.....	273	117	43	Replacements almost impossible.
Washington.....	206	164	80	Resigned due to higher Government salaries.
West Virginia.....	328	104	32	Resignations for higher salaries.
Wisconsin.....		17	33	More than half of loss due to salary structure; morale affected.
Wyoming.....	51			
Approximate average.....			42½	

STRICTLY BUSINESS

By McFeatters



"How much did you say that defense job pays? Hold everything! I'll be over there myself!"

CHARLESTON, W. VA., October 14, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services.

Reurtele. Pay roll January 1, 206; October 15, 164; resigned due to higher Government salaries, 13; higher private salaries, 20; personal reasons, 17; inefficiency, 13; military service, 9; transferred to UC, 33. Letter follows.

W. M. GIVEN, JR.

CHICAGO, ILL.

PAUL C. WINNER,
President, International Association of Public Employment Services.

Retel October 12. Turn-over of employees approximately 60 percent to date; 124 employees left for Federal service; 111 to private employment; 37 requested reinstatement to State pay roll since January 1. Morale and efficiency seriously impaired because of low salaries and our inability to replace staff, causing overtime work. Staff replacement very difficult as cannot attract workers because of unfavorable working conditions comparable to other Federal agencies. Detailed letter follows.

CHESTER W. HEPLER,
Director, United States Employment Service.

HARTFORD, CONN.

PAUL C. WINNER,
President, International Association of Public Employment Services,
Care United States Employment Service.

Re your telegram—218 separations since January 1, including 21 for military service; morale lowest in history of Employment Service, efficiency loss in excess of percentage of staff. Reduction mainly attributed to inadequate salaries and competition with other Government agencies. Letter follows.

WILLIAM G. ENNIS.

DES MOINES, IOWA, October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services.

Re your telegram—Turnover 33 percent in Iowa since January 1. Lowered morale, loss in efficiency, replacement only from low-grade individuals.

WILLIAM S. BARNES.

BISMARCK, N. DAK., October 1, 1942.

PAUL C. WINNER,
United States Employment Service, Madison, Wis.

Turnover past 12 months, 45 percent. Since July 1 budget unexpended for 9 people because cannot get to accept jobs our salary. On merit list, offered jobs to 52 people to hire 2.

DON LARIN.

ABERDEEN, S. DAK., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
Madison, Wis.

72 on U. S. E. S. pay roll September 30th, 36 separations since January 1, 1942. Difficulty filling 2 vacancies due to low salaries.

F. F. JORGENSEN, Director.

NASHVILLE, TENN., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
United States Employment Service.

Turn-over total past 9 months, 93 out of 343 employees; 53 losses in interviewing classifications. Unable to compete with other Federal agencies and private industry. Individuals' obligations to families outweighing loyalty to service due to inability to live decently at our salary scale. Cannot recruit competent replacements.

PAUL JESSEN.

ST. PAUL, MINN., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
United States Employment Service.

Reurteil. 210 resignations out of a total of approximately 400 employees since January 1: 92 outright resignations to accept private employment; 26 transfers to other Federal agencies; 29 on military leave; 63 transferred back to State positions. Morale definitely low in all classifications. Necessary to interview at least 10 persons to secure 1 replacement due to inadequate salary. Letter follows.

LEONARD B. RYAN,
Director for Minnesota.

INDIANAPOLIS, IND., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
United States Employment Service.

323 separations January 1 to October 12, 1942. On this basis, annual percentage of turnover would be 75 percent. On the basis of separations during September, annual percentage of turnover would be 96 percent. Have had turnover of 15 out of 23 managers during the last 6 months.

J. BRADLEY HAIGHT.

MONTGOMERY, ALA., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
United States Employment Service.

Reurteil. Employment personnel Alabama January 1, 1942, 294 persons have lost through today 134; 34 of this number to other governmental agencies, 39 to private industry, 23 reduction because of budget, 38 induction in Army and similar reasons such as following husband to camp. Every loss to Federal agency and private industry occasioned by their better salaries. Letter follows.

C. F. ANDERSON,
Director for Alabama.

FRANKFORT, KY., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
United States Employment Service.

Retel October 12. Total turnover since January, 123 out of total number 238 employees. Morale completely destroyed by inadequate salaries; efficiency greatly lowered; replacement almost impossible. Letter follows.

W. H. FRAYSURE,
State Director.

SEATTLE, WASH., October 14, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services,
Care United States Employment Service,
Madison, Wis.:

Reurteil, October 13.—Personnel turn-over since January 1 approximately 60 percent on yearly basis which includes alarming percentage experienced key people attracted by higher salaries, other civil-service agencies and private employers. Failure to adjust employment service salaries to civil-service scale having serious demoralizing effect on remaining personnel. Replacement some classifications almost impossible especially in Seattle, Tacoma, Spokane, and Vancouver, critical war production centers.

A. F. HARDY,
State Director,
Washington United States Employment Service.

RALEIGH, N. C., October 13, 1942.

PAUL C. WINNER,
President, International Association of Public Employment Services:

Resignations January 1, 1942, through September 30, 1942, 141: turn-over of approximately 30 percent. Seventy-five percent resignations are for higher salaries. Impossible to obtain, through State merit registers, which we must use, male interviewers at present entrance salary of \$1,440 annually, senior stenographer clerks at \$1,200 annually or junior stenographer clerks at \$1,020 annually. Approximately one-quarter present employees new and lacking in experience. Lack of adequate salaries demoralizing.

UNITED STATES EMPLOYMENT SERVICE,
Mrs. GERTRUDE K. CLINTON.

PAUL C. WINNER,

President, International Association of Public Employment Services,
United States Employment Service.

Turn-over first 9 months 1942 39 percent. Over 200 employees have accepted better-paying positions. Approximately 100 positions unfilled due to inability to meet wages offered elsewhere. Urgent that salary situation be remedied in order that uses may meet wartime responsibilities assigned by Executive order of President and War Manpower Commission.

J. H. BOND.

TOPEKA, KANS., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services,
United States Employment Service.

Total resignations 1942 used for Kansas 57; turn-over 33.1 percent, 90 percent of resignations due to wage scale. Anticipate increased resignations from service of personnel in professional classifications to accept employment with other Federal agencies paying civil-service scale.

EDWARD W. FRANZKE,
Director for Kansas, United States Employment Service.

COLUMBUS, OHIO, October 14, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Reurtel 12th, United States Employment Service in Ohio suffered 420 separations from staff 1942 to date. Average monthly personnel 1,249. Annual turn-over rate now is 33 percent. Losses in professional classifications to private industry at one and one-half to four times greater salary. Losses in clerical and stenographic classifications largely to Federal agencies at higher Federal salary rates. Best qualified personnel first to leave our service for more lucrative employment. Our principal problem is State compensation plan which specifies following induction salaries: Clerks and typists, \$85; stenographers, \$90; interviewers, \$115 and \$125. Impossible to hold high-grade personnel at these rates.

WADE HAMMOND,
Director for Ohio,
United States Employment Service.

TRENTON, N. J., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Retel October 13, total separation since January 1 our service 274. Turn-over to date 34 percent. Recruitment effort State civil service lists 258 stenographers contacted, 14 accepted. File clerks, 20 contacted, 3 accepted. Employment interviewers, 224 contacted, 134 accepted. Reason for most refusals low salary. Vacancies January 1, 41 professional, 87 clerical. Vacancies October 1, professional, 35, clerical, 89. Morale bad as demonstrated by recent activities of unions through their grievance committees. Average overtime for month 3,000 hours of 750 persons. Letter follows.

RUSSELL J. ELDRIDGE,
Director for New Jersey,
United States Employment Service.

MADISON, WIS., October 14, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Personnel losses since January 1, 102, of which 48 were in interviewer classification. Most resignations to accept higher salaries with other Federal agencies or private industry. Training of new employees difficult because of great amount

of overtime necessary due to insufficient personnel. Monetary inducements beginning to outweigh loyalty with detrimental effect on morale.

HARRY LIPPART,
Director, United States Employment Service
for Wisconsin.

DENVER, COLO., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Retel personnel turn-over Colorado first 8 months 42; 30 percent of 71 employees out of a total 239; 29 have been in professional and executive positions which are extremely difficult to replace. Turn-over due to low salaries. Securing replacements tremendous problem. Air-mail letter follows.

L. A. WEST,
Colorado Director,
International Association of Public Employment Services.

HELENA, MONT., October 13, 1942.

PAUL C. WINNER,

United States Employment Service,
Madison, Wis.

Turn-over Montana personnel this year 40 percent based on 85 employees; 35 percent resigned for better paying jobs. Replacements in all positions difficult. Eligible qualified persons not interested salaries offered. Our wage range no competition for State or Federal agencies having higher wage brackets. Constant changes naturally lower efficiency.

O. C. LAMPORT.

LINCOLN, NEBR., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Retel 55 employees representing clerical interviewers and managers left for better compensation in other Governmental agencies and private employment since January 1, representing a turn-over of 36 percent. Morale of employees low and considerable number showing interest in other positions. Replacements difficult, better type personnel not interested in low salaries offered. Turn-over would be considerably greater except for unusual loyalty of Employment Service people. Question if this loyalty can endure for much longer period.

CLINTON A. JOHNSON,
Director for Nebraska,
United States Employment Service.

CASPER, WYO., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

In 51 budgeted positions turn-over since January 1 totals 17; 9 attributable to salary structure. We face loss of 8 additional, 4 attributable to salary. Morale affected to slight extent. Greatest problem replacement.

JAMES W. MORGAN.

CONCORD, N. H., October 13, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services.

Reurtel 32 persons out of total 93 have left this agency since January 1942, mainly because of salary differential. Some have gone to other Federal agencies where civil-service rates are paid; others to private employment. Great difficulty making replacements. Applicants cannot understand why pay rate offered less than advertised rate for examination, especially when civil-service retirement deductions and other regulations followed. Such rapid turn-over cuts efficiency and there is no such thing as morale.

ABBY L. WILDER.

PAUL C. WINNER,

President, International Association of Public Employment Services:

Twelve and one-half percent of Employment Service personnel resigned for better paying positions during last 5 months; 60 percent of these to other civil-service jobs; remainder of employees dissatisfied but remaining in the hope of salary adjustments to civil-service level. Deletion of this request will seriously hamper morale and efficiency.

E. H. SMITH,
*United States Employment Service,
Director for Delaware.*

JACKSON, MISS., October 13, 1942.

PAUL C. WINNER,

*President, International Association of Public Employment Services,
United States Employment Service:*

Current pay roll 208. Separations this year, 68, of which 19 and 15 left to accept higher salaries in other civil-service and private employment, respectively; 15 to Army, 19 due to high living costs in defense areas, marriage, pregnancies, etc. Replacements practically impossible due to civil-service and private competition. Morale and efficiency badly affected. Letter follows.

RAYMOND L. SULLIVAN,
Director for Mississippi.

ATLANTA, GA., October 14, 1942.

PAUL C. WINNER,

*President, International Association of
Public Employment Services:*

Twenty-six percent of United States Employment Service employees have already quit their jobs since January 1. Eight percent went into more lucrative Federal civilian jobs and 6 percent into private industry. In August and September each, 4 percent quit. In October, if present rate continues, 8 percent will have quit. In September and October 80 percent of those quitting went into more lucrative private industrial and Federal civilian jobs.

QUIGLEY,
United States Employment Service for Georgia.

TALLAHASSEE, FLA., October 14, 1942.

PAUL C. WINNER,

*President, International Association of
Public Employment Services:*

Florida agency has lost 88 persons since January 1 from total staff of 230. Seventy of these separations were to accept positions at higher salaries. Have been trying to fill 25 vacancies for past 30 days. We are exhausting registers due refusal of applicants to accept work at present salary rate.

L. S. RICHARD,
Director for Florida.

BOISE, IDAHO, October 15, 1942.

PAUL C. WINNER,

President, International Association of Public Employment Services:

Number regular positions Idaho, 85; turn-over regular personnel this year, 13. Transfers other Federal agencies, 14; to better pay private employment, 16; to armed forces, 5; resignations, personal reasons, 3; discharged inefficiency, 1; additional resignations pending, 4; unfilled positions, 12; replacement problems. Losing most efficient personnel, unable attract efficient new personnel, low salary. Morale low due small salaries and high cost of living.

A. J. TILLMAN,
Director for Idaho, United States Employment Service.

PORTLAND, OREG., October 13, 1942.

PAUL C. WINNER,

*President, International Association of Public Employment Services,
C/o United States Employment Service, Madison, Wis.:*

Due to salaries being out of line with other agencies and industry and not keeping pace with changing conditions, Oregon Employment Service has suffered personnel turn-over of 28 percent in 1942. Morale of remaining personnel seriously affected. Inability to recruit qualified personnel for replacement account, salary schedules having decided effect on efficiency of service. Advise date you will appear before Senate committee.

L. C. STOLL.

AUGUSTA, MAINE, October 13, 1942.

PAUL C. WINNER,

*President, International Association of
Public Employment Services, 130 State Office Building:*

Maine personnel separations January 1 to date total 56 from peak staff of 156. Twenty separations due directly to accepting higher salaried positions. Recruitment extremely difficult, salaries sole factor. Morale low, salary question constantly being raised by employees all grades. Expect large number of separations January 1 if situation not corrected.

PAUL E. JONES,
Director, United States Employment Service for Maine.

LITTLE ROCK, ARK., October 13, 1942.

PAUL C. WINNER,

President, Iales.

Reurteil October 13, total separations United States Employment Service for Arkansas January through September, 88. Total accessions same period, 56. Total separations July through September, 33. Total accessions, 5. Letter follows.

D. PALMER PATTERSON,
Director for Arkansas.

NEW YORK, N. Y., October 13, 1942.

PAUL C. WINNER,

*President, International Association of Public Employment Services,
United States Employment Service:*

Re your telegram—Our problem principally in lower clerical and stenographic grades which now substantially resolved by State civil-service classification upward. Their salary grades prior to nationalization comparatively liberal and no downward revision made. Letter follows.

RICHARD C. BROCKWAY,
Director for New York.

WASHINGTON, D. C., October 14, 1942.

PAUL C. WINNER,

United States Employment Service for Wisconsin:

Re telegram October 13. Figures on turn-over regarding District of Columbia Employment Center would be of no value due to present Federal salary scales. Have been informed by Bureau that losses month of September United States Employment Service as a whole are 7.4 percent, substantiating figures on file at Bureau. Would suggest immediate action as bill is expected out of committee in day or so.

EDWIN W. JONES,
Director, District of Columbia Employment Center.

Mr. WINNER. Unless something is done very promptly the United States Employment Service is not going to be able to carry any new assignments in connection with the War Manpower program. I mean, carry them efficiently and competently. And it will seriously affect the entire war effort.

Senator LA FOLLETTE. Well, as I view it, from your statement here, I would indicate that they couldn't carry the assignments they have now if this disintegration of the service continues.

Mr. WINNER. Yes, sir.

Senator LA FOLLETTE. You showed me an editorial from one of the Sun papers on this subject, which I think might be incorporated in the record if you can spare it.

Mr. WINNER. Yes, sir.

Senator LA FOLLETTE. It is entitled "Labor Pirating in the Corner Grocery." That will be inserted in the record.

(The editorial above referred to is as follows:)

The Evening Sun, Baltimore, Friday, October 16, 1942

LABOR PIRATING IN THE CORNER GROCERY

The President, with his gift for apt comparisons, has called the offices of the United States Employment Service the corner grocery stores of our manpower system. In his fireside chat on Monday evening he put it this way:

"Every citizen wants to know what essential war work he can do the best. I can get the answer by applying to the nearest United States Employment Service office. There are 4,600 of these offices throughout the Nation. [Correction: The number is really 1,425.] They are the corner grocery stores of our manpower system. This network of employment offices is prepared to advise every citizen where his skills and labors are needed most, and to refer him to an employer who can utilize them to best advantage in the war effort."

Actually, Mr. Roosevelt only emphasized what most people already know, namely, that to back up our fighting forces we must place labor and skill where it will be most effective for the war effort. We know that hit-or-miss employment can't do this. And we know that, at present, the agency being depended upon to distribute manpower efficiently is the United States Employment Service. The War Manpower Commission has no other organization to which it can turn for the day-to-day detail work of this vital task.

But what about these corner grocery stores of the manpower system? Are they, as Mr. Roosevelt assures us, "prepared to advise every citizen where his skills and labors are needed most, and to refer him to an employer who can utilize them to best advantage in the war effort?"

Baltimore is at the center of one of the Nation's most important war-industry areas. It should have, then, not just a typical "corner grocery store," but a veritable "supermarket" to serve the customers.

And does it?

It does not.

This is not to say that our Office of the Employment Service hasn't labored valiantly. It has. It has done a prodigious amount of work, considering its handicaps. But it hasn't done anywhere near what it should have done. Huge tasks have been assigned to it which it hasn't even had time to think about yet.

For example, the occupational questionnaires. Men who registered in the upper-age brackets hastened to return their occupational questionnaires to their draft boards within the required 10 days. They may be interested to know that these intimate documents, 100,000 of them, have not yet been touched.

They stand in piles on window sills, chairs, tables, and the floor in the Employment Service offices in the Baltimore Trust Building. And there they are likely to stay indefinitely—a source of basic data on available skills—gathering dust while employers in the war industries cry out for men.

Or take this matter of labor pirating. One of the jobs in which the Employment Service has taken an important hand has been to do something about labor pirating—the practice which has grown up among war industries of robbing each other of skilled workers. And the Baltimore office has done a good job of helping to slow down labor pirating here.

But the Employment Service itself turns out to be one of the worst victims of all in this matter of labor pirating. Itself in a highly competitive labor market, it has been burgled and raided of personnel by private industries and other Government agencies until it finds itself confronting an all-important job with an inadequate and inexperienced staff. And because Congress had decided that the salary schedules of the local employment offices must not exceed the salary scales of the State governments from which these offices were transferred, temporarily, the Baltimore office is helpless to do anything about it.

Since January 1, private industries around Baltimore have improved their own personnel departments by luring away 28 experienced employees of the Baltimore office with salaries averaging one-third higher than State limits.

During this same period other Government agencies have raided the Baltimore office and enticed 21 other experienced employees with increased pay.

Nine others have been inducted into the military services—not all of them as drafts. Several, including the former director of the office, have been commissioned by the Army as personnel specialists.

Thus, 58 individuals in this office have been lost to other employers, public and private—training supervisors, suboffice managers, expert analysts, interviewers. And, in addition to these, 29 others have left the local employment office for one reason or another in the past 9 months. Altogether the office has lost 87 employees out of a staff of 275—a turn-over of 42 percent.

Anyone will admit that a turn-over of 42 percent is high. The only trouble is that this isn't even replaceable turn-over. For the Employment Service is finding it practically impossible to dig up qualified persons to fill its own vacancies.

Interviewers are, in a sense, the key individuals to the entire manpower organization. If they are, as Mr. Roosevelt says they are, "to advise every citizen where his skills and labors are needed," obviously they must know something about the five-hundred-odd arts and skills that industry has uses for. They have to know how peacetime skills can be best used in wartime industry. They have to be able to talk to industrial management in its own language, or industrial management will have no respect for their judgment and services. But persons with such qualifications aren't looking for \$1,400 or \$1,500 jobs—not these days.

It is all very well for the President to draw his picture of a wise and sympathetic reception in "the corner grocery store." But the reality is something else. The Baltimore office of the Employment Service is doing the best it can. But it doesn't have enough interviewers, let alone enough of the kind which Mr. Roosevelt seems to have in mind.

Here is another example of the sort of obstacle our employment office is bucking. It can't hold employees of junior grades by promoting them to senior grades without complying with certain State rules. One State rule requires, for example, that a junior stenographer can't be moved up a grade until she has been employed for 6 months. And there isn't a single junior stenographer in the Employment Service who has been there for 6 months. A junior interviewer must serve a year before promotion is allowed.

Ironically, these employees of the Employment Service are asked to find people, no more qualified than themselves, to fill jobs at wages sometimes as much as double their own. Nobody can blame them if their reaction is, "Here I am, take me." This response is understandable; the fact is that the temptation to make it has unmanned a job of vital importance.

It is as plain as the nose on your face that something must be done about this. Our resources of labor and skill must be used with the utmost efficiency. The Employment Service has the task of sorting out these skills and putting them into the right jobs. It must be equipped to do this job, not just as part of a neat organizational chart hanging on the President's wall in the White House, but in reality. There are no two ways about this. Yet at present the Employment Service is handicapped by an intolerable situation as regards its own personnel—so handicapped that it has already begun to fall down badly on its vital job.

What is to be done about it? Two suggestions are so obvious that we almost hesitate to state them. One is, of course, to rectify the more glaring wage inequities—to remove the sense of being discriminated against which hangs over the Employment Service like a blanket. The other is to stop this peculiarly aggravated form of labor pirating to which the Employment Service is now subject. We all agree that labor pirating, labor pillage, must stop if the program of war industry is to go ahead at full speed. And Government agencies cannot be exempted from the general rule.

Senator LA FOLLETTE. Thank you very much, Mr. Winner.

Mr. WINNER. Thank you very much.

Senator LA FOLLETTE. The committee will now go into executive session.

(Whereupon the committee retired into executive session.)

INVESTIGATION OF MANPOWER RESOURCES

FRIDAY, OCTOBER 23, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to notice, at 10:30 a. m., in the Committee on Education and Labor committee room, United States Capitol, Senator Claude Pepper (chairman) presiding.

Present: Senator Pepper.

Also present: F. P. Weber, special assistant to the committee.
Senator PEPPER. Mr. Foster, we will hear you first.

STATEMENT OF WILLIAM C. FOSTER, VICE PRESIDENT AND TREASURER, PRESSED AND WELDED STEEL PRODUCTS, LONG ISLAND CITY, N. Y.

Senator PEPPER. Mr. Foster, if you will, state your name, your residence, your occupation, and anything affecting this subject of manpower that you feel qualified to present.

Mr. FOSTER. William C. Foster. Residence, 25 Kensington Road, Scarsdale, N. Y.; vice president and treasurer, Pressed and Welded Steel Products, Long Island City. We are a very small manufacturer, Senator. We are on subcontracts completely. We are 100 percent on Government work. I do not know how much detail you want. I am a little bit ignorant as to just really what you are looking for.

Senator PEPPER. What we are looking for is your experience, your knowledge, and your recommendation.

Mr. FOSTER. Well, for what it is worth, our business has been a contract business founded in 1913, on metal subassemblies. We take sheet metals, brass, bronze, aluminum, copper, and we make them into cabinet stands, frames, containers, and we have specialized on the higher grade precision operations in that field. It so happened that one of our customers had been the Sperry Gyroscope Co. We have done business with them for 20 years, so as this developed in 1939 we began to get into armament items.

In November 1941 we had 55 employees, we had \$100,000 worth of unfilled orders. These are very small figures, but they are the only ones I am familiar with. Since that time, we have added a net amount of employees of 35, which makes 90 altogether now. In doing that we had to take on, train, and keep or discard a total of 7 employees.

We have at work at all times probably 300 orders. Those orders last year averaged about \$275 apiece. Some of them ran as high as \$100,000. We produced altogether last year about a half million

collars of high priority items. That was twice what we had done the year before, and so far this year we have done a little in excess of that and I expect almost twice what we did in the previous year.

Our men, in working accurately in the metals, cannot be readily trained in single operations because there are not enough single operations of the same kind that continue. We would have a job of 300 experimental supports for bombsights that may last a week or 10 days. The same men that work on that have to go on another job in 2 weeks. Therefore, a short training period is not sufficient to make the men good enough to carry on with these small productions.

In engaging men of course the policy has changed almost monthly, as you know. First we were told all married men, whether with or without children, were the ones we should concentrate on. We attempted to do so. We have lost two or three of those. Of course, two or three to us is a lot.

In all our employees there have been 29 men actually registered, 23 of whom we asked deferment for. Of those, 4 were actually drafted after we asked for deferment, and we do not ask for deferment until a man has been with us at least 6 months, and it would take, in our opinion, a year to train them, and we do not ask for deferment unless he is training others, or is a key employee. For instance, I am in that group. I was registered in the later draft. I was in the last war as a pilot in the air service, and I attempted to get back this time, but some of my acquaintances, who I felt ought to know, told me I ought to go back and continue what I was doing. Perhaps that is so—I don't know. Well, that is the same type of thing which our younger men are up against all the time. When they are classified as 1-A they feel, in having been so classified by a group that is qualified to know, that they should be in the Army. Therefore, they are no good to us at all. Too many of them enlist. Of the 29 I spoke of, 4 stayed with us until they were drafted. We attempted to keep them with us.

Mr. WEBER. Would you go into that a little bit, Mr. Foster, into the detail on those four cases, and tell us exactly what happened?

Mr. FOSTER. I will be glad to. One is a grinder. Our grinding is not production grinding. Every job is different, and in fact every man thinks his own business is a little unusual. It is difficult for us to hire a grinder, because the ordinary grinder is trained in one particular operation. With us that is no good, because he has to learn perhaps 300 different operations, and in fact every day the situation changes and he goes to a new job each day. This man had been with us 2 years. We considered that he was skilled and would take 6 months to a year at least to train. We submitted an affidavit. This was in 1941. We submitted an affidavit and outlined the situation, we outlined the priority of the jobs which we were doing. Incidentally, our present status is 96 percent AA-1, if that means anything. This man was taken and has been in the Army, and has been promoted to technical sergeant through his ability. No doubt he is useful to the Army as well as to us.

Mr. WEBER. And you appealed that case?

Mr. FOSTER. No; we did not appeal that case. In 1941 the operations were not quite as well grouped as they are now. We had very much the same feeling that some of the men have now. We did not know it was our duty to appeal. If the board thought, after our re-

quest, he should be going to the Army, we thought we would be guided by that.

Mr. WEBER. But you did submit a 42 (a) application?

Mr. FOSTER. No; we did not submit a 42 (a) application. We sent a detailed letter outlining all of the situations, and I personally agreed to go over there if they wished me to do so.

Mr. WEBER. Did they call you?

Mr. FOSTER. They never called me. The second chap was not actually drafted. He was an assistant foreman. He had been with us 2½ years in December 1941. In the summer of 1941 he was classified as 1-A, and we wrote or appealed, or whatever the requisite operation was then, and that time, since this man was one of those unusual natural mechanics and in 2 years had worked up from a helper to an assistant foreman, I did appear before the appeals board and they granted him a 2-A classification.

Mr. PLANTEROOTH. Before the local board?

Mr. FOSTER. Yes, before the local board. I thought it was due to the appeal, because after the appeal they called me to appear. There was an attorney, and I was sworn in, so forth and so on.

Mr. WEBER. May I ask a question there? They first classified him as 1-A?

Mr. FOSTER. Yes.

Mr. WEBER. You then appealed?

Mr. FOSTER. That is right.

Mr. WEBER. They then requested you to appear before the local board?

Mr. FOSTER. I think the wording was a little different. They said, in answer to my appeal, "Will you appear at such and such a date?" I assumed it was some appeal official.

Mr. PLANTEROOTH. He meant the appeal agent at the local board.

Mr. FOSTER. I do not know the technical details. In any event they reclassified this man as 2-B. Directly thereafter we actually got into the war and this man came to me and asked whether I would release him to enlist in the Air Corps. I did. I could not keep the man, in justice; I felt that he felt unhappy at being deferred. That situation comes up more and more now, and, frankly, there is no one who has been able to properly advise us on what to do in that sort of circumstance. It is a hard decision to make.

Mr. WEBER. May I ask one question there? How did you replace that man?

Mr. FOSTER. Well, constantly. Mr. Weber, as we have gone along on this we had to push up our older men.

Mr. WEBER. Your upgrading has gone on constantly?

Mr. FOSTER. It has gone on constantly. We took advantage of the training-within-industry courses that the W. P. B. has run. We had those in our own plant, in which we trained 8 or 10 of our employees, to give them positions with greater responsibility. We encourage the boys or men, as the case may be, to take night-school courses, for which we pay at least one-half if they complete the course.

We have various committees. We had a war production committee in September 1941, before they ever thought of these things. The only unfortunate part was that all the men on that committee did such a good job that they are all foremen now, so we had to organize the committee a couple of times since.

We encourage men to take other courses wherever we can. We have an approved apprentice course there, which was worked out in connection with the Federal Security Agency. I really cannot honestly ask a man, under present circumstances, to start in that course, because I don't feel, under present circumstances, he will be with us long.

Senator PEPPER. In other words, that practically thwarts the training program. Before they get trained, they will be drafted?

Mr. FOSTER. Before they get trained, they will have to go away from us. That course was a 4-year training course, starting the boys at 17 which, at the time we set it up, seemed quite in line.

Senator PEPPER. How long does it take to train a man, on the average, in the factory, Mr. Foster?

Mr. FOSTER. That depends entirely on the operation. A power-brake operator would take, we estimate, 2 years. A good welder on light materials, such as parts on gyro poles, parts for navigation compasses. We feel before a man is qualified for that, or for Air Corps certification, it takes him on our work a year and a half to 2 years. A press operator, we can train him in 2 weeks. That is not critical. A good shear hand takes at least 2 years. Our two shear hands have been at it, one for 10 years and the other for 22 years. On the grinder operations, we figure at least a year on the finished grinding.

Senator PEPPER. Now, have you lost any of those men who are in the choice skills?

Mr. FOSTER. We have four pending. Now, Senator, we have a boy 20 years old who has been with us 2½ years and who is a natural mechanic. We hired a number of these young men 2 or 3 or 4 years ago, not quite anticipating what we are into now, and in the intervening period they have become skilled. We asked for deferment of this boy, and we have received a deferment until January 12, based on our 42 (a).

Our lay-out man is another man that takes a long time to train.

Senator PEPPER. Is that the first deferment you had, on the boy that you got deferred to January 12?

Mr. FOSTER. Yes; it is. Of course, he is only 20 now, Senator.

Senator PEPPER. Yes.

Mr. FOSTER. And we put our first 42 (a) in this month.

We have a lay-out man, another young man. We hired a number of these younger men, since they were apparently good for several years. We hired this man in June 1941. He has become skilled at lay-out. He is not a top lay-out man, but he has had a year and a half training. We filed a 42 (a) in September. He was reclassified 1-A. We appealed on October 15. That is pending.

We have a personnel manager who has been with us 6 years. He started with the thought at that time of becoming a sales engineer. We put him in the shop and had him operate every machine in the shop. He was in the shop for almost a year. He came up in the office and started as an estimator, and as we began to get into this war item production program he assumed further responsibilities, such as production control records, safety engineering records. All of them are on our organization chart. He also assumed the responsibilities for safety engineering, planning protection, new equipment lay-out, accident compensation cases, employee suggestions in connection with

this war production. He is married now. As they say, under the draft he is not legally married. I think he was married in December, having been engaged for 2 years, but they have classified and reclassified him as 1-A. We have appealed that case. We wrote to the occupational deferment group in New York and asked them their advice, and they said there were a number of women personnel managers who could do personnel work, which I do not question for a moment, but this man has been with us for 6 years and knows every part of the business. He handles not only personnel but has numerous other responsibilities, and he has to have the knowledge of the business to handle it right.

We have 4 of these pending, and a total of 23 men, as I said, we have requested deferment on, and if those are all taken, which is entirely possible under the present circumstances, that would mean 29 percent of our entire personnel has been taken right from our experienced men who have been with us and are within those categories which I spoke of, that is, they are either training new employees or they are skilled workers that the United States Employment Service cannot readily replace, and we use them for our employment source along with the W. P. A. rehabilitation or train our own employees.

Mr. WEBER. Would you complete those four cases?

Mr. FOSTER. How many of them are there?

Mr. WEBER. You completed two of them, I think.

Mr. FOSTER. The brake hand, employed for 1 year, with previous brake-hand experience before coming to us. He is 20. He received his questionnaire in September. We filed a 42 (a). He was classified 1-A. We appealed it in October, and it is now pending.

Incidentally, I wish to mention that these men, in working with us, are not in a soft job in wartime. We work two shifts, 61½ hours on each shift.

Mr. WEBER. A week?

Mr. FOSTER. A week, and we have been doing that for about a year steadily. We closed down Decoration Day, that was one day, and one other Saturday, and Christmas last year.

The personnel manager, by the way, is 29 years old.

Our purchasing agent, who is 29, has been deferred until February. He has been with us 3 years. In our business, along with the shortage of materials, a purchasing engineer, as we call him, is a critical occupation, and it is very difficult to replace him quickly. In fact, we have tried to get assistants for him even, and we are having great difficulty in getting them in our field.

Mr. WEBER. How many local draft boards are there?

Mr. FOSTER. We have in our small organization 12 different boards that we deal with. We wrote to every board in September that has men of ours registered with them and outlined our policy asking for deferments, telling them we did not ask for them unless they had been with us 6 months or longer and fell in one of those other three groups which I outlined, and asked when these men were up for reclassification with them that they would let us know, we would like very much to submit 42(a)'s for those who were entitled to them.

Mr. WEBER. What is your experience with the local draft boards? Do they vary?

Mr. FOSTER. Very much, Mr. Weber. There is no apparent uniformity. In fact, we have one man for whom we have never asked

for deferment. He is 21 years old. He was put in 2-B early in 1941. We have never heard anything further from him. He is single. He is a very good man. We will request his deferment, but we never heard a word about him.

Mr. WEBER. You do not know on what basis he was deferred?

Mr. FOSTER. We wrote to the board originally in early 1941 and told them that this man was a welder, and also wrote in September outlining our policy as to further requests, and we had no answer to any of those letters. Some boards will notify us that they classified a man 1-A, but many of them send us no word at all. A man simply gets his call, and six of those men that obtained the call have gone ahead and enlisted.

Mr. WEBER. What is your experience with the local boards on the question of their willingness to consider the necessity for occupational deferment?

Mr. FOSTER. Well, my impression is—and this is only an impression—that the local boards are being shouldered with a rather difficult responsibility. The ones I talked to say, "Well, we appreciate it. Perhaps the job you are doing is important and perhaps the thing you are turning out you have the responsibility of getting it out, but we are receiving a quota and we have to produce so many men. The bottom of the basket is in sight. Your man is young and healthy. He has no particular dependencies for deferment grounds." Many of these men are supporting their mothers or fathers, but I do not mention that at all, because that has been more or less counted out with the present dependency allowances. But they say, "Perhaps you are right, but he is young; he is healthy, and we need him."

Mr. WEBER. That is, their primary thought is that if a man is healthy and young, and without many dependents, that he should be put in 1-A?

Mr. FOSTER. They will classify him 1-A, and we can appeal it and see what happens.

Mr. WEBER. Their first responsibility is to the Army?

Mr. FOSTER. Is to the Army.

Mr. WEBER. They have to fill their quota?

Mr. FOSTER. That is correct. I do not condemn the board. I think in many cases, these men, talking with them off the record—many times they have said: "We appreciate you have a problem, but we have a job to do and are doing it the best we can."

Mr. WEBER. They feel, since their first responsibility is to fill the quota and since they have to face the neighborhood and community pressures, that if they classify, as here, someone occupationally necessary as 1-A, it is then the responsibility of the employer to appeal?

Mr. FOSTER. They have met their responsibility, and if a man is reclassified by an appeal board, that is fine, it is off their shoulders, they have done their part of it. As I say, I cannot condemn them on that. I know it is a problem. I do agree with some of the conclusions in the House interim report which I was privileged to read, that there should be some experienced group who could pass on whether these men actually are entitled to occupational deferment.

Of course, we, as employers, are perhaps prejudiced; I don't know. We have a job to do, too. We are asked to do things which would have seemed impossible 2 years ago. We are producing many times

what we did before with practically the same skilled men but with simply the addition of helpers and trainees, and even with those we find we are only able to keep one out of two of them, based on this year's experience.

We have done everything which we think we could intelligently do to help them become experienced. We have taken advantage of the various helps which seemed to meet our problem. We have spent a great deal of time ourselves. We instruct our older men on how to train others. We have done all the things, and still we are able to keep only one out of two of our trainees, and we are being asked to do, well, 5 or 10 times what we did a year ago. In spite of the large numbers of so-called unemployed in New York City, it is difficult to get men with mechanical skills, very difficult. We have requisitions in with the United States Employment Service, and we engage any who have any promise of meeting our needs.

Mr. WEBER. Would it be fair to say that we do not have an occupational deferment policy?

Mr. FOSTER. I would say that it is not only fair, it is a fact. The only occupational advice you can get is from the Army or Navy men attached to the New York City board, and while their point of view may be disinterested—I don't know—I haven't, frankly, been particularly impressed with the help they gave to us. Perhaps I am expecting too much.

Mr. WEBER. Do the local boards, in considering the question of occupational deferment, consult the United States Employment Service?

Mr. FOSTER. As far as I know, no. Many of our boards, Mr. Weber, out on Long Island—our plant is in Long Island City, and we draw a number of our employees from out of the city on the island. Some of those are small communities. I doubt very much that they consult anyone. In fact, in one recent case here, the board that we asked a deferment from did not even know that we had 10 days to file the appeal after they had classified him in 1-A. They had never seen the notice which goes on the regular notice to the employer. Many of the boards do not send any notice at all. It may be lack of clerical help. Those things I am not competent to pass on.

Mr. WEBER. That is to say, many boards, when they classified men as 1-A, have not notified you of the classification?

Mr. FOSTER. We learn about it when the man gets the order to report for the physical examination.

Mr. WEBER. Hence, you did not have the chance to appeal the case?

Mr. FOSTER. That is correct. His usefulness has been completely destroyed, because thereafter his morale is such that he says, "Well, I am going anyway, I am just hanging around here," and many of them have enlisted. The figures are small because we have a small organization, but percentage-wise, I would say if it was transposed into a larger organization it would be a very serious problem.

Mr. WEBER. Now, when you have appealed, what is the procedure?

You mentioned you have received some assistance from the Army and Navy technical advisers to the selective service in New York. Specifically, how did they enter into the picture and of what assistance were they?

Mr. FOSTER. They entered the picture because we inquired as to how we could go a step further on these classifications.

Mr. WEBER. Above the appeals board?

Mr. FOSTER. Above the appeals board. Our largest prime contractor is Sperry, and, of course, Sperry has a similar problem on many of their employees, and they suggested when we have this kind of difficulty the only further step which they knew of was to see whether we could get assistance from these technical advisers.

Mr. WEBER. What assistance have you received from them?

Mr. FOSTER. Well, none. The one real case that we went to them on, frankly, was this personnel manager. It would be a very difficult thing to replace him.

Mr. WEBER. What was their attitude on that?

Mr. FOSTER. They said they felt the personnel work could be very readily handled by women and the most they felt we needed was a 60-day further deferment.

Mr. WEBER. They were not technically qualified in the field of occupational analyses?

Mr. FOSTER. In my opinion, no.

Mr. WEBER. They were simply Army and Navy officers?

Mr. FOSTER. Yes.

Mr. WEBER. You do not know what their previous experience has been?

Mr. FOSTER. I have no way of knowing that.

Mr. WEBER. Are the appeals boards composed of people with training in occupational analyses?

Mr. PLANTEROTH. Neither Mr. Foster nor I could answer that.

Mr. FOSTER. I was going to mention the only one I am familiar with is the one in our home district, and that is composed almost entirely of lawyers.

Mr. WEBER. What is your experience in the matter of appeals to them? Have you had any direct contact with them?

Mr. FOSTER. I have had none.

Mr. WEBER. When you have appealed the case, then you have received notice from the local board to appear there and discuss the appeal?

Mr. FOSTER. Yes, sir.

Mr. WEBER. What would be your recommendations from your experience on how an occupational deferment policy could be developed?

Mr. FOSTER. That is a basic question.

Mr. PLANTEROTH. That is why I am here.

Mr. FOSTER. To start with, you first have to decide the relative importance as between the Army and its supplies. After you have done that, then I think you must set up a group which will pass purely on occupational deferment, which group will be composed of men familiar with a wide variety of occupations and competent to say that this man cannot possibly be replaced in 2 months, 6 months, or a year, or that other man is doing a job which, from the description of it, can be replaced in 60 days.

Mr. WEBER. Perhaps I could state the question a little differently. Physical condition in the Army today is becoming secondary, in the sense that the Army is taking men today which it previously would

not take, and is specializing its own people. Second, because of the Dependency Allotment Act, dependency is becoming a secondary question. General Hershey, in testifying before the Tolan committee, said occupation must become a basic consideration in deferment, in the sense that the man without a gun in his hands and food in his stomach is not much of a man, as far as the Army is concerned. So that, very clearly, here in Washington, the top policy people are beginning to recognize that occupational deferment is the key question. Now, at the present time the final decision on who shall go and who shall stay is made by local boards with uncompensated lay personnel in many cases.

There is, as you have indicated, no definite occupational deferment policy. Can we expect that local boards, as they are now constituted, and the Selective Service, as it is at present set up—cannot we expect that this policy-formulating apparatus can develop a consistent occupational deferment policy?

Mr. FOSTER. No; I do not think there is a chance of it. I do not think the men on the local boards, with all due respect to the time, thought, and energy they are spending on it, are qualified to pass on a multitude of occupations, as to whether or not they are critical, as to whether or not they are necessary to produce the products which are being turned out by a particular organization, and I think it is, in a way, unfair to the local boards to make them shoulder that responsibility.

Mr. WEBER. It is your belief, then, that technically qualified boards should be established on occupational-deferment cases?

Mr. FOSTER. Very definitely.

Mr. WEBER. Would you say that the present local boards function with some degree of efficiency in regard to physical disabilities and dependency status but not in regard to occupational deferment?

Mr. FOSTER. Well, from my experience, which on that point is rather limited, Mr. Weber, I would say that that is true. I think the ones I have actually talked to from that viewpoint are doing a very good job, and are to be complimented for the time and community spirit which they had in doing it. It is a tough job and I do not for one moment, in perhaps questioning their ability to decide on occupations, criticize them. I think it is just too much to ask of that type of group.

Mr. WEBER. It is rather unfair to thrust upon the 6,000 local boards the responsibility of defining national policy in regard to the distribution of manpower between agriculture, industry, and the Army?

Mr. FOSTER. Very definitely; and it is hard for us as employers, under present regulations as they are set up, to really know what to tell our own men, and that is very destructive of morale.

Senator PEPPER. Obviously there is not any assurance that you can give them.

Mr. FOSTER. No; there is not. We do not know ourselves. As I said, I do not know in my own case. Some theoretically high-ranking gentlemen have said, "You are more valuable where you are," but I am not 100 percent convinced of it myself. With the young man 20 or 25 years of age, in that group, who is exposed to the rapidly increasing raised eyebrows of his neighbors and friends as to why he is not in the Army, and he says, "I am being appealed by my employer,"

there is a lot of social pressure on him. While we attempt to convince our men that the job they are doing is a very important one, and we base that, as I say, on the pressure which the services bring on us to get this stuff out, and while we attempt to use all of the material which the war-production-drive groups and others send out, which seems applicable to our particular men, there is still the feeling, "Well, I am under 30, I am healthy, I will be here a couple of months more," and it is hard to get the man to do the job he has been doing up until, say, 60 days ago. The situation has changed very sharply in the last 60 days. The boards are really reaching down now into many of the men that we had thought we could count on, such as our purchasing engineer and our personnel manager. We think they are doing a grand job, and we want to encourage them in doing it. As it stands now, that man may go any minute. The other man is with us until the 1st of February. Those boys are working with brains, energy, and everything they have got to do the job they are doing with us. I really feel none of them are trying to evade the draft. We have got a grand bunch of men. They are working hard and long. They are really giving everything they can, without being driven to it. I certainly will go to bat for any of these men that are questioned from that viewpoint. We give them buttons which indicate that they are war workers. We try to do everything we can to bolster their morale, but everything we do has been very definitely undermined by this uncertain attitude of the draft boards.

Mr. WEBER. Senator Pepper, I would like to report an observation. It seems a rather curious thing that the Congress, in drawing up the Selective Service Act, recognized that the physical condition was a technical question but did not recognize that occupation was a technical question.

Senator PEPPER. Yes, that is very true.

Mr. PLANTEROTH. That is based more on the induction of 650,000 men a month instead of 250,000 men a month.

Mr. FOSTER. That comes back to the observation I made, that the decision has to be made, in my opinion, first at the top as to how many men they can have in the Army and still supply them adequately with the vastly increased amounts of mechanical equipment which are now needed.

Mr. WEBER. That is right.

Mr. FOSTER. I speak only from the viewpoint of mechanical equipment, because that is what we are supplying.

Mr. WEBER. You say, in fairness to the local boards and to the Selective Service Administration, that the responsibility lies with Congress and with the Administration to establish a policy?

Mr. FOSTER. I think that is very fair. I do not think there is any doubt of it. In other words, if there is someone in a recognized top authority who can lay down definite, simple rules which can be followed by not only the draft board but by ourselves as employers, it would certainly raise the morale of our organization tremendously, and I can speak only from first-hand knowledge of that organization.

Mr. WEBER. Thank you, Mr. Foster. That has been very helpful testimony.

Mr. FOSTER. All right.

STATEMENT OF OSCAR E. PLANTEROTH, PRESIDENT, MARKS LISSBERGER & SON, INC., LONG ISLAND CITY, N. Y.

Mr. WEBER. Give your name and your representation to the reporter.

Mr. PLANTEROTH. My name is Oscar E. Planteroth. I am president of Marks Lissberger & Son, Inc., Long Island City, N. Y. I live at 3542 Eightieth Street, Jackson Heights, N. Y.

Our problem is just about opposite to that of Mr. Foster's.

I presume that is why Mr. Lamb picked the two distinct viewpoints. Our business this year will be less than 45 percent of the business we enjoyed in 1941. We are on severely curtailed and restricted orders of W. P. B. In previous years half of our products consisted of tin, the other half lead, solder being our principle item of manufacture. We produce white metal, nonferrous, mixed alloys wherein we consume tin, lead, antimony, copper, cadmium, and bismuth, and this year silver in the place of tin. In addition to alloying these metals we are casting them in various shapes and forms and extruding them in different shapes. We are what is known as a smelter and refiner of white metal, white products, in the recovery of metallic contents in the scruffs and drosses, the high concentration problem today that causes the tin program.

We were very much curtailed on December 17 when the War Production Board advised us the Metals Reserve Corporation had taken over all our tin afloat, and since then we have had to depend entirely on W. P. B. allocations of materials which, of course, can only be used on certain specific products or uses carrying high priority ratings. In fact, an order of A-1-J or lower stands almost no chance of having a tin content. Our material was used in the cannery industry, the automobile, the airplane, wherever solder has to be a binder to hold. With that curtailment of business we have not had a labor turnover or trouble. We had in our employ on December 31, 1941, 48 employees. We are now down to 34. We have had some leave us. Whether they have enlisted in the services, we cannot tell, but we have had 2 drafted through the local boards, for which I have never had the courage to file a form 42 (a).

Mr. WEBER. Could I ask you a question there? Were they skilled men?

Mr. PLANTEROTH. To the extent that they could be trained and replaced within 6 months—no more than that.

Mr. WEBER. But you illustrate the case of an employer who, even when faced with the loss of very skilled men, will not feel that he should file form 42 (a)?

Mr. PLANTEROTH. Or the highly technical and skilled men. Of course, we operate hydraulic presses with as high as 600 tons pressure, and you understand a man like that cannot be trained in that line short of a period of 2 years.

Mr. WEBER. Would you ask for draft deferment for one of those men?

Mr. PLANTEROTH. I would. At all times, I would appear before the local board and the appeals agent, and I would feel very much dissatisfied if that was where I had to stop, according to present regulations.

Mr. WEBER. If that man decided to enlist, would you try to get him out of his enlistment?

Mr. PLANTEROOTH. I would try to take him out of that duty and show him his duty there in the plant. He can do more for me in producing wire solder to be shipped up to Buffalo to go into a Bell Airacobra than he could doing a kitchen police duty in some camp. That would be my reaction, with full patriotism behind it, because I know that is a technical job.

The same applies to those who operate our reverberatory furnaces. It is a skill that takes almost a year to make a helper know his job, or it really takes 2 years, and he has to be the right type of man to make a smelterman who knows just when the tap should be drawn, as to whether that charge is boiled, or whether they have made their recovery. In the steel industry you call him a puddler. He says "No," or he says "Yes." There is no one in the steel works that dares to go against his word. He runs the steel plant, the common puddler. "That charge cannot be made now, it has to be made later." "That charge must be taken now because it will spoil if it is there longer." Those men I would go to the bat on, and I did file on a single man, 34 years old, supporting his matter with form 42 (b). Now, I was more than surprised when the local board never sent for me but they deferred him and gave him 2-B.

Now, I came into this picture at the chamber meeting, while listening around the table at the comments that more or less centered around the Selective Service Board. Being a member of local board 53 in New York City, I spend many hours, in fact almost three-quarters as many hours as I spend at my office, 3 or 4 or sometimes 5 nights a week. We start right at 7. The latest hearing we held was at 1:30 a. m.

As regards our production, our only trouble has been that we have not, because of being located in New York City, been given full consideration to step into the war effort. We can only go into something that fits our plant and equipment, and, today, in the absence of shrapnel balls, which we produced the last war, we have tried to turn our eyes to the lead bullet rods. Most of the ordnance plants have been placed deeper into the country, to get away from seashore difficulties in case of raids, so it places us geographically into a cross-hauling position, and that, if not today, will be a very serious problem. Whether or not we should pick up and move, I do not know. I do operate all of my equipment daily, but not to a full day's average production.

Mr. WEBER. You have one shift?

Mr. PLANTEROOTH. One shift.

Mr. WEBER. Eight hours?

Mr. PLANTEROOTH. Eight hours.

On the spread-the-work problem, I have always felt one should not spread beyond the one shift basis. If you are located alongside of the ordnance plant, you can run three shifts, it is just a matter of trucking it in and trucking it out, moving along. We tried to get additional business to bring our capacity up to a full 40-hour week, or 44- or 45-hour week, and we cannot get it.

Mr. WEBER. Your problem is you have not received contracts because of the geographical location of your plant in relation to the final product?

Mr. PLANTEROOTH. I do not know who was placing this business. I thought it was being placed through the Army, and I went after them here over at Arlington. Now, I am a member of the Advisory Com-

mittee of Manufacturers of Lead Products, of the tin-lead branch of the War Production Board.

Mr. WEBER. You belong to one of those innumerable committees?

Mr. PLANTEROOTH. I was asked to come down and help, maybe we could do something for industry some day. The Baruch idea at least I lean upon. At least we will not criticize, and that means a great deal. I never knew, sitting at that meeting, that the powers to place that business were right there, until I got it from the Army.

Mr. WEBER. That is to say, when you were unable to obtain a contract you pursued this matter in some detail, you went to the Army and back to the W. P. B., only to find out in the end that the advisory committee upon which you were sitting was responsible for the distribution of contracts?

Mr. PLANTEROOTH. No, no; not the advisory committee. We were just there as an information bringer to the W. P. B., the tin and lead branch, if they required information as to space, or to ease this restriction on this lead, or on this other item, and what will be the tonnage consumption per year.

Mr. WEBER. Then, you found the W. B. P. industry branch was responsible?

Mr. PLANTEROOTH. They are responsible, yes; for allocating the business, and because of being geographically located east, or further away from the ordnance plants, we have not had the opportunity to increase our business. So, we have not had much of a problem of production, as much as Mr. Foster has had. We differ entirely, except when it came my turn to talk to the chamber, I had to talk to all my friends in the chamber, and I told them I sat on the local service board.

Mr. WEBER. We would like to get your experience as a member of the local service board.

Mr. PLANTEROOTH. I tried to do it as honestly as I could, give it as due consideration in every case as it is humanly possible. I have in the back of my mind a feeling that one third of the men that I examined, that passed the board, I might not see again. I find, when I get home at nights, I have to take a paper and read it an hour to clear my mind. You cannot go to sleep so quickly. It is too deep.

The Selective Service System as it is now operated—I am not boasting—I will say is 99 percent correct in every way in what it is used for, and for what it has been able to produce in the quick time without the disturbance or upsetment at any induction point that might happen on any induction day. You are dealing with young men under tension on induction morning when anything out of the way could start something. You never heard of anything happening. They are good, clean-cut American boys, following the American pattern, and most of them do not know what they are going into. I have been there on induction mornings to see it. It is marvelous what a grand country we have and what grand people we have that will do that. There are weeping mothers and sisters saying their farewells, but they march right off to the induction point, and everybody goes home peacefully.

Senator PEPPER. What is that?

Mr. PLANTEROOTH. They march right off to the induction point, and everybody goes home peacefully. But that 1 percent has worried me a great deal, and that is occupational deferment. We are limited in the time that we can devote to that. It is voluntarily and cheerfully given in the evenings. I have not lost a meeting in a year and a half,

and we have had sometimes two or three calls. I often have found myself there Saturday afternoons, because the order came through that the February registration must be completed by October 16. There is only one way to do it, and that is to go to work. If you have 3,500 questionnaires and you only give 5 minutes to each, which is done hurriedly sometimes, you get 17,500 minutes divided into hours headed on your night's work, and see what it really means. I doubt that any group of men, a local board or a gathering of military men, can devote the proper attention to industrial classification in less than 15 minutes, or around three to five men an hour, to sit there and talk over it, and then they are going fast. It is almost a physical impossibility to give it perfect strict justice at a local board.

Now, I would have to hazard a guess, and that might be wrong, but I would say 25 percent of the Form 42 (a) filing should never have been filed. Seventy-five percent are bona fide, but there are thousands of different jobs in industry and how can you expect a board to sit down and know that a stock chaser in this plant is the kind of job that should be deferred? That is a key job in some plants, but here you may say, "What is that?" You have got to classify that in 2 minutes, and all you do is hazard a guess on it.

Now, an employer has had little opportunity to really fight hard for the proper man, if he is essential. Some employers have abused it, and I say that advisedly because I followed Commander Erickson's statement that an employer who files Form 42 (a) for the industrial deferment of an employee which is not accepted, an employee is not deferred because of it, and where that employee is inducted into the service and no further step has been taken by that employer, that employer has committed perjury on his original Form 42 (a). He just has to read what he swore to on his first form and he will see it was worth going after making an appeal.

Mr. FOSTER. Pardon an interruption. If he is committing perjury, is he perhaps not going as far as he can?

Mr. PLANTEROTH. We get lectures. We have tried to make our rules uniform. We go to school. We pay attention to these things. We are dealing with human lives, and we give attention to it. Even if we possibly only get criticisms, we are not interested in that, we are trying to do something where we think our age qualifies us.

I have always felt that the present appeals boards are well able to handle all appeals, except industrial appeals of manufacturers. They consist mostly of honorable judges and attorneys of reputation who devote their spare time evenings to reviewing these cases, to see that no injustice was done. I think they are wonderful. Even though they have often reversed us, we take it smilingly, that they have been able to see something that we have not seen in our hurry. There is no resentment that has ever been taken on a reversal of any board against a local appeal board. A man is quickly classified where the appeals board wants him.

When it comes to an industrial deferment, I do not know that I have really done my duty in the full sense. I have tried hard. I have given the best I have. I feel that I have been qualified, but I did not give it the thorough study that it probably required.

Now, let me explain to you. Here is a questionnaire—here is Form 42 (a), and here is a three-page letter, single spaced, by the employer stating the case. Senator, I will give you three to read and you may

want to quit. It takes you half an hour to read one, and possibly an hour and a half has gone by and you have not settled the three. You will turn to your neighbor and say, "I will give you the gist of this story and get your reaction." Another 15 minutes is gone, or the evening is gone, and you have got to get through. There are many to go through. There is a pile of them.

The only solution I can see is that industrial appeals by employers should only cover qualified employees that are to be deferred. Some put in for every employee that they have got because they do not want to hire new ones. Those who are actually essential should be reviewed by a technical board. I was asked at our chamber meeting what that board would consist of. That is hard to answer, but I suggested hurriedly the Army ordnance, the Navy ordnance, the Maritime, agriculture where agriculture is, mining where mining is. It spreads differently over the country. We do not need a mining man in New York, and I do not think we need an agricultural man in New York City. One should be the public, an employer who knows what the difficulties are, and possibly that should be an all-day, set board located according to the number of appeals that go through after the decisions by a number of boards, and a fifth member should be a member of the United States Employment Service, who knows the marketing difficulty, the rates they are getting, and the placement of new material on that specific job, where they can sit down and see that market is glutted, or where there is an impossible market for those men then the men should be deferred, for necessary, for the duration. Those things can be worked out.

There are some employers who are now left in the cold because the folder goes to the present appeals board, he has no more to say, and he does not know where to go. As Mr. Foster says, he went to the Army and Navy and to different sections in New York and could not get anywhere. I think the employer has as much right to appear before that industrial board at the time and place designated as anybody and state his case, to be sustained if his argument is proper and to be reprimanded for putting through Form 42 (a) if he was not justified. You certainly will help not only the local boards but the present appeal boards who are going to be overweighed with appeals when we start to take the married couples, because every wife is coming in to appeal.

You have the problem where the employer is away from everything and stands on the merits of the case. That board will have the power not to do as the boards now are told to do from headquarters, "We suggest you review the case and consider it in a deferment of such and such classification." Whether that board would be strong enough in power to say to the local board, "We have classified that man in this status for this period," and it is mandatory on the board to write that down in the record, that is the point I would like to lay down before you.

Senator PEPPER. Do you think then there should be an occupational deferment board?

Mr. PLANTEROTH. An appeals board.

Senator PEPPER. I mean an appeals board.

Mr. PLANTEROTH. Spread around where the volume of business will be, where we will have enough for them to be occupied. Now, Mr.

Poster has no objections even to flying down to Washington here to ask for deferment of three men that he has employed, nor would he hesitate to drive 50 miles to a place, on a specific evening or day, or any time set by that board, to have his hearing.

Senator PEPPER. Your idea would be that the occupational deferment request by the employers would come in as now, through the draft board?

Mr. PLANTEROTH. That is true.

Senator PEPPER. Then the draft boards would simply, in those cases, pass them on to the appeals board?

Mr. PLANTEROTH. They would go to the industrial appeals board instead of the local appeals board that we have now, that consists of attorneys and judges. It is just as difficult for them to qualify that man for deferment as it is for us.

You take the Army man, the Navy man, and the Maritime, there are three essential points we have to consider. Each have their problems to get out in ordnance and production. Then you have the United States Labor that is in the field, who knows the market, the replacement, the difficulties attending those jobs. It will be fairly easy to work after the first month it is in operation.

You might even add to that that no employee classified in 2-A, 2-B, or 3-B would be permitted to separate himself from his employer without that permission of the board, and then possibly face induction. That is, you would freeze him to that employer on deferment for that work. As the law reads today, if I received deferment for my employee on form 42 (a) and I am placed in 2-B, the moment the employee leaves me his status is changed with his local board.

Senator PEPPER. In other words, that occupational deferment board then, upon notice coming to their attention, or to the attention of the draft board, that the man was no longer with you, would make the man eligible for the induction list?

Mr. PLANTEROTH. Colonel McDermott would be after him pretty fast.

Now, we are faced with a quota, and from the paid personnel we hear the statement that they have got to make up the quota, that they cannot fall down on their quota. They have to have men for the Army. That has not disturbed our board. We have felt that we have done out work properly, that those that we have screened into 1-A were eligible under the regulations for service, and those we did not place in 1-A but deferred, we have done it with the best of intentions of protecting everything that was required to be protected in an industry, or where severe hardships existed. There are very few and rare cases now on account of the new plan.

Senator PEPPER. That would simply create an additional appeals board, or rather a review board?

Mr. PLANTEROTH. They would have to be technical men for that.

Senator PEPPER. They would be technical people and have technical knowledge and an over-all view?

Mr. PLANTEROTH. You could build them from your roster here.

Senator PEPPER. Because they would be in turn in touch probably with the regional occupational deferment boards, and then they in turn would be under the national occupational deferment boards, and they in turn would be or should be sitting in with the policy committee which is determining the allocation of manpower in the

Nation, as it is done in British practice, where the Lord President's Committee, which is a committee of the War Cabinet, decides the over-all needs for personnel, and then that goes out to the armed services, to another committee which is the head of the armed services, which is also tied in with the War Cabinet, and to another committee which has the primary responsibility for economic mobilization and effectiveness, and then it goes on down the line to the end of the institution.

Mr. PLANTEROTH. After having review possibly 10 or 15 42 (a)'s and gone home and sat down and thought, "Did you do right by all tonight, employee, employer, and the services?" I have sometimes sat there looking over three or four cases, and I wondered if I did give them full study. What was that job? I saw myself the next day calling up industries, and asking: "What is this job?"

Senator PEPPER. Obviously, the draft board is not so constituted as to be able to deal with that problem.

Mr. PLANTEROTH. We have to work too fast.

Senator PEPPER. We have to work too fast, we do not have the time. The boards simply, in the nature of things, are laymen that may know one thing but they do not know all jobs, they do not have a technical staff working under them and under their authority, and, moreover, they are local institutions set up primarily to do justice in respect to selective service.

Mr. PLANTEROTH. Senator, I would say this: It only affects possibly 25 percent of our registrants or less, but that 25 percent is a big thing to the industry.

Mr. WEBER. Of course, the closer we come to the bottom of the barrel the greater the number of persons it will affect.

Mr. PLANTEROTH. I read where they deferred 4,000 miners from the Army to return to the mines while they work, and as far as I can see they will remain there for the duration.

Mr. WEBER. Some of the men may be brought back from the Solomon Islands or from Egypt.

Mr. PLANTEROTH. I just thought how many I helped to place in the Army who could come back.

Senator PEPPER. Yes.

Mr. PLANTEROTH. Somebody placed those 4,000 men in the Army and did it with the best of intentions.

Senator PEPPER. Yes.

Mr. PLANTEROTH. I wonder what I would have.

Senator PEPPER. I would like to get again your suggestion as to what should be the personnel on that occupational deferment board, the type of people that should be on it.

Mr. PLANTEROTH. The Army is vitally interested in production of munitions for its forces; the Navy is equal to the Army or may be exceeding it at the present minute. The next big group we are facing is the Maritime Commission, educating enough seamen in all its ranks to take care of the boats that come down the ways every day, that come down without a man on them, that must go to sea with a crew. You have got to get crews. We have been faced with the Maritime Commission where unions have filed form 42 (a), because no seaman seems to work for an employer, he works on the ship as she goes and comes, and most of the movements of ships are secret. We do not know whether the man is lying or not or evading, but I have had men face

me that have sat in boats 23 or 25 days in the Atlantic and were picked up, they lost 45 pounds in weight, they rationed their water once a day, an ounce a person, they changed their rations every day. Isn't he doing something for this country? But under the ordinary events you look at him, he is 22 years of age, and you put him in 1-A, and he is sent into the Army. It takes discretion. That is why I say the Maritime—

Senator PEPPER. Let me interrupt you right there. I happened to be in a taxi the other night and the boy who was driving the taxi—the driver was here in Washington—had been twice sunken in his ship while he was a merchant seaman. One time he had been 4 days in a lifeboat before he was rescued, and another time he was 12 days before he was rescued. He was a young man in the twenties. He said he was just about to join the Coast Guard, I believe. He said the reason was he had several fist fights on account of accusations made against him, they would see him and say he was a slacker and he would have to defend himself. He said, "I don't want to face that, and therefore we merchant seamen will get into the branch of the service where we will be properly recognized."

Mr. FOSTER. In that connection we gave everyone of our employees this button [indicating]. It is a very modest emblem but it helps.

Mr. PLANTEROTH. A young boy 21 years of age, an oiler, was torpedoed twice, once in the Indian Ocean, and he landed on an island where they were the first white men. He picked up a disease in Bombay and he had to have X-ray treatments to have his hands cleared. They were afraid that possibly it would be one of the older diseases of the world. I thought that boy ought to have a 4 months' confinement. This medical treatment was in New York. He came in only last Tuesday and had a certificate from the doctor that he was cured, which permitted him to board the ship. They have very severe physicals there. He said, "I think I am going to make a boat." I said, "You are in a convoy?" He said, "Don't talk to me about that. I can't talk about it." I said, "When do you want to go?" He said, "I am signed on tomorrow." I said, "I can't let you go really unless I have a 42 (a) to grant you permission to leave this country for your protection and our protection, and we are also working for our Government. I can't get it." I said, "Come in Thursday night, and let us know." He was to sail sometime Thursday. They did not know the time. They put them aboard, they do not know where they are going. It is none of our business what they do. "They get there, that is all we are interested in. So, he called up Thursday night and said it would be impossible because he is sailing at midnight. He was talking from the ship. His captain had him call. But he said this much, 'We will touch Boston, and the captain has wirelessed to the Boston office, and when we touch Boston, it will be mailed to you,' and it was on our table last night from Boston. He went along and everything was fine. Why that trouble, Senator? That boy may not come back. He is bringing other boys over, and he is doing something that is more dangerous. Why should we have to go through all that? It is hard for us. Put you in my chair at that table and maybe you would not be as tolerant. That is, the first month you are there. You will soften down after you have been there a while, you will see the human side of things.

I say Maritime. We should know from somewhere or from someone who knows there is a convoy to be made there, that is gathering together, and they are going to go on. I don't want to know where they go, all I want to know is that he is honest in his statements to us and that we have a record there, and if we get it from such a board where the Maritime representative had made that notation on it, I would classify him just where that board wanted him. I would think it my duty to do it.

Senator PEPPER. I imagine if they did not have a broad-minded and courageous man like yourself, and no doubt your colleagues on the board, technically you would have said, "You haven't furnished this paper and I cannot give you permission to go."

Mr. PLANTEROTH. We would have denied him to go on the convoy. Suppose we had done it to 100, 150, 250, or 350 aboard that convoy, you would have crippled nearly every ship. They come to us from all points of the globe. They cannot talk. We can only get a word from them, "Yes; they were in Sydney," or they were here or there. All we want to know is the authenticity of letting them go again, to see that he is not going to hide somewhere and step out of the thing and do wrong to himself first and then to us. We are under oath, we must do what we are told, and we take it seriously.

Have I said anything, Senator, that has helped you?

Senator PEPPER. Immeasurably.

Mr. Foster and Mr. Planteroth, on behalf of the committee, I want to express to you our very deep gratitude for your coming here this morning and giving us these magnificent statements. You have done us great good, and I feel that what you have given us will be helpful in the formulation of a sound policy by the Congress on this subject.

May I add, Mr. Planteroth, that you have given us an added esteem and respect for our draft boards and our citizenry.

We will recess now until further call by the chairman. (Whereupon, at the hour of 1:30 p. m., the committee recessed subject to the call of the chair.)

INVESTIGATION OF MANPOWER RESOURCES

FRIDAY, OCTOBER 30, 1942

UNITED STATES SENATE,
SENATE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The committee met, pursuant to call to 10 a. m., in room 318, Senate Office Building, Senator Elbert D. Thomas (chairman) presiding.

Present: Senators Thomas (chairman), Chavez, and Rosier.

Also present: Dr. Robert K. Lamb and Dr. F. P. Weber, special assistants to the committee.

The CHAIRMAN. The committee will please come to order. The witnesses this morning will be Mr. Luhrsén, followed by President Murray and then by President Green. After that there may be another witness if time allows.

Mr. Luhrsén has another appointment which he must keep and therefore we will put him on first, followed by Mr. Murray who has another appointment.

STATEMENT OF J. G. LUHRSEN, EXECUTIVE SECRETARY, RAILWAY LABOR EXECUTIVES' ASSOCIATION

The CHAIRMAN. Mr. Luhrsén, for the record will you state your name and whatever other material you want to appear in connection with it in the record, and then proceed as you wish?

Mr. LUHRSEN. My name is J. G. Luhrsén. I am executive secretary of the Railway Labor Executives' Association, 10 Independence Avenue SW., Washington, D. C.

The organizations which I represent and which are affiliated with the Railway Labor Executives' Association are Brotherhood of Locomotive Engineers; Brotherhood of Locomotive Firemen & Enginemen; Order of Railway Conductors of America; Switchmen's Union of North America; Order of Railroad Telegraphers; American Train Dispatchers' Association; Railway Employees' Department; American Federation of Labor; International Association of Machinists; International Brotherhood of Boilermakers, Iron Shipbuilders, and Helpers of America; International Brotherhood of Blacksmiths, Drop Forgers, and Helpers; Sheet Metalworkers' International Association; International Brotherhood of Electrical Workers; Brotherhood Railway Carmen of America; International Brotherhood of Firemen and Oilers; Brotherhood of Railway and Steamship Clerks, Freight Handlers, Express and Station Employees; Brotherhood of Maintenance of Way Employees; Brotherhood of Railroad Signalmen of America; National Organization Masters, Mates, and Pilots of Amer-

ica; National Marine Engineers' Beneficial Association; International Longshoremen's Association.

Senator Thomas and members of the committee, I wish to express my appreciation for Senator Pepper's invitation to make a few remarks upon the general subject of manpower.

First, I would like to say that I think that this committee, the Education and Labor Committee of the Senate, is the proper committee to undertake an investigation and study of manpower policies and needs, and that it is logically the proper committee to consider manpower legislation. You can see our present confusion from the fact that bills already introduced on this subject have been referred to the Senate Military Affairs Committee. When we begin to talk about a national service act, we are talking about a law which affects every civilian in the country, including every man in this room today. That is a civilian matter. It is not a subject for the Military Affairs Committee.

The CHAIRMAN. Mr. Luhrsen, I think for the record we should state there that the bills that went to the Military Affairs Committee are bills that deal with an amendment to the Selective Service Act, and it was a perfectly logical place for those bills to go. If the Manpower Act was built upon the Selective Service Act, that was the proper place.

Now, the bills that are before the Committee on Education and Labor are bills dealing with the whole field. They are, in reality, study bills, and we are seeking exactly the information that we are getting from your testimony.

Mr. LUHRSEN. I see the distinction. Thank you, Senator.

The CHAIRMAN. Yes.

Mr. LUHRSEN. I wish to present a few simple considerations which I think are fundamental to an understanding of what must be done in regard to manpower. First, let me say that I think that this subject has been most ably handled in the latest report of the Tolson committee of the House of Representatives. I refer to their sixth interim report entitled, "Changes Needed for Effective Mobilization of Manpower." Much of the analysis that the Tolson committee makes, I agree with.

Manpower is simply one factor in production. And a war economy is a production economy. Manpower, machinery, materials, transportation are the elements in production which must be pulled together under and centralized in a war economy.

None of these elements can be properly managed by a central governmental war authority except in relation to the others. That is to say we cannot manage one without managing the others. We cannot plan one without planning the others. Unless we plan the distribution of contracts; unless we have a schedule for the flow of materials; unless we do what we must to convert our equipment; how can we plan the distribution of manpower? It cannot be done.

At present and for the past 3 months we have heard a lot about the enactment of compulsory national service legislation. The advocates of compulsory national service legislation refuse to recognize that at present we have no centralized war authority. Raw materials do not flow according to a schedule. Contracts are not distributed in relation to facilities. If they were, small businesses capable of making a valuable contribution to war production would not be dying and going

bankrupt in almost every small community in every State in the Union. We would not be shipping 4,000 to 10,000 skilled workers out of New York City to Portland, Oreg., shipyards. We would not be closing down plants because of raw-material shortages. We would not have the constant newspaper and other public accounts of conflict within the War Production Board, between the War Production Board and the armed services, and so on.

The first consideration then that I wish to place before your committee in your discussion of manpower is that we cannot plan manpower unless we have already prepared and set into operation an intelligent, overall, unified plan for the use of all productive facilities. And to do that we must develop a scheduled flow of raw materials and proper placing of contracts.

In the second place, I wish to draw your attention to the lack of any present adequate machinery for administering a national service act. If you can find an employer who will come before this committee and say that the Employment Service is adequately staffed; that it knows what its job is; that it can send him the kind of men he needs; I will be greatly surprised.

I understand that a number of manufacturers have already testified to your committee that the Selective Service Administration has no occupational deferment policy and that the composition of the local selective service boards makes it impossible for the Selective Service System to operate a national service act.

Now let me pose this question. If I give you an ax head, and you have no handle on which to put the ax head, what good is that ax head to you? In other words, it would seem to be plain common sense for the President and the Congress to establish a unified manpower agency, civilian in character, and to clean up the present mess which exists in the Employment Service and in the present operations of the Selective Service Administration. Manpower drafts for the Army, without an occupational-deferment policy and qualified occupational-deferment boards, will play havoc with war production.

Not only do we lack machinery for placement; there is no machinery for inspection of the use of labor such as has existed in England for quite some time and has been of real help. Our so-called experts over here say that they favor inspectors, but they have not done anything about it. Or take the field of training. There are still several different programs uncoordinated. There are many vocational programs in Southern States and in other sections of the country that are not integrated with the actual needs of manpower for industry. Or take the problem of migration. Why haven't we undertaken to subsidize a directed type of migration?

I would call to your attention a third point which seems almost ludicrous. National service legislation is proposed when we literally do not know what our manpower supplies are and what our manpower demands will be.

Now, I ask you in plain common sense, isn't this an absurd situation? Consider it, Senators. There has been no inventory of manpower and womanpower. We do not know who has the skills and where they are, with any degree of comprehensiveness and thoroughness. Yet it has been proposed to institute compulsory service legislation.

The fourth point is one with which you are familiar. It is the argument that voluntary methods for the movement, placement, train-

ing, hiring of workers have not actually been tried. And I think that this is a true statement. Voluntary methods have not been tried. Government, management, and labor have not sat down around the table and agreed upon a policy to be followed in specific local labor markets. In the case of Baltimore, one man was sent in and he did a good job. Management and labor were persuaded to sit down around the table in Baltimore. Many workers were transferred. Workers were registered with the employment service. More Negroes were employed, and various immediate practical steps were taken to ease some of the difficulties in that local labor market. It is pretty clear that if some such method had been employed prior to now or even now, on a large scale, nine-tenths of all the manpower difficulties, rumored or actual, would not be with us.

Take the railway industry. Here we have an Office of Defense Transportation. Management has been drawn into the Office of Defense Transportation. But the standard railway unions have no representatives of any kind in the Office of Defense Transportation. We have fought for a year to obtain a joint committee with management, Government, and labor in the railway industry to consider joint problems. Almost 1 year after we have been at war and about 2½ years since the beginning of the defense program in that industry with the longest record of harmonious labor-management relationships, labor and management have not yet been called together to consider manpower problems in that industry.

The CHAIRMAN. Mr. Luhrsen, is that because of the Government's taking the leadership in this, or is it because of the railway organizations; is it because of the problem itself?

Mr. LUHRSEN. Before I answer your question, may I modify my statement?

The CHAIRMAN. Yes.

Mr. LUHRSEN. I had prepared this prior to yesterday. We did have for the first time, yesterday, a management committee composed of 6 presidents of the railroads and a labor committee composed of 6 presidents of the 20 unions which I represent, selected as a committee, and, for the first time, discussed a program of procedure whereby we will have a voice in some of the things that we think are vital for the Government, or the officials of the O. D. T. to know and get labor's viewpoint, both with respect to efficiency, practicability of operation, economy, speeding up, and all these processes.

The CHAIRMAN. The first meeting was a success, was it?

Mr. LUHRSEN. Well, it was a success to this extent, that we agreed from now on to hold monthly meetings to take into consideration all these problems which for the past year we have not been able to take anywhere, and I think that has been bad.

We wanted a committee of that kind; but, on the other hand, we have had hundreds—I can't say, but I would like to know for my own information how many additional men have been added to Mr. Eastman's staff by the selection of men by himself or his immediate next subordinates from railroad management's side but none from our side. Now, that just makes a one-sided set-up, and it would be ridiculous to have particular interdepartmental head of the Government to make

a recommendation for compulsory selective manpower mobilization without having had our views when he makes the recommendation.

This is not to speak of the question of efficient operation of the railroads. Labor has not been consulted at all on how to obtain quicker, faster, better transportation.

We have not even been called in to consider manpower questions. Consider the fact that we have here probably the most strongly organized industry in the country with unions that are completely responsible, with a long history of harmonious management-labor relationships.

And now we are told that certain officials believe that compulsory freezing of railway labor is needed.

Take a situation with which I am quite familiar—the importation of Mexican labor into the Southwest. The Southern Pacific Railway and some Government officials have asked for the importation of Mexican workers—4,000 of them—to do track work on the Southern Pacific Railway. We have furnished 9,000 American domestic workers to fill these 4,000 jobs.

When I say "We," I mean through our railroad retirement placement service, which has from 550 to 600 men in the field and distributes the manpower so far as the railroad industry is concerned only in cooperation with the United States Employment Service.

The CHAIRMAN. These Mexicans are to be used only in maintenance of way, are they not?

Mr. LUHRSEN. Of course, that is what they claim. Of course, we have taken the position, since the Government made a treaty, or whatever you want to call it, an agreement with the Mexican Government permitting the importation of agricultural workers, it stipulated guaranties. When I say "stipulated guaranties," let me point to just one of them which is a big one. They are guaranteed 75 percent of their time when they are unemployed. Our domestic labor has been given no such guaranty. Naturally, you would not expect a man from Arkansas to go to California and when he is unemployed, he gets nothing, while the Mexican gets 75 percent of his wages.

We take the position that before any Mexicans are imported in the railroad industry there should be an agreement along that line, with similar principles definitely set up, and we do not want to have Mexicans in here until we first absorb our own domestic labor for which we are paying taxes and keeping them on relief rolls.

The CHAIRMAN. Are the maintenance-of-way organizations now affiliated with the brotherhoods?

Mr. LUHRSEN. Yes; they are one of the organizations which I am speaking for here.

The CHAIRMAN. Can we speak of five now, instead of four of the great brotherhoods?

Mr. LUHRSEN. It is not 4 brotherhoods, it is really 20 today.

The CHAIRMAN. I understand that, but they are coordinated in such a way that you do speak of them as four, do you not?

Mr. LUHRSEN. No. Ordinarily, Senator, the four brotherhoods came into existence long before we formed this association, and they were composed of the Brotherhood of Locomotive Engineers, Brother-

hood of Locomotive Firemen and Enginemen, Order of Railway Conductors of America, and the Brotherhood of Railway Trainmen, plus the other one which is the Switchmen's Union of North America. That made five. So, they were generally recognized when you say the four brotherhoods as the four engine organizations.

The CHAIRMAN. The maintenance-of-way men are affiliated with the four groups?

Mr. LUHRSEN. They are affiliated with our Railway Labor Executives' Association; yes.

Senator CHAVEZ. When an unemployed person from Arkansas or New Mexico goes to California to work for the Southern Pacific, is it necessary that he should belong to the organization?

Mr. LUHRSEN. Not at all.

Senator CHAVEZ. Then the track workers, section hands, as they are known, the ones that come from other States do not have to belong to the organization?

Mr. LUHRSEN. There is no compulsion for them to have to belong to get a job wherever they are needed, like California principally, where the Southern Pacific wants them. We would try to persuade them to become members, I am sure, but there is no compulsion of any kind that would restrict them from working until they become members.

Senator CHAVEZ. What are the bases of pay? Are they equivalent to the pay of one that does belong to the organization?

Mr. LUHRSEN. There is no distinction.

Senator CHAVEZ. There is no distinction?

Mr. LUHRSEN. No; there is a vast difference, however, if you come to that point, Senator, that I think I might as well elaborate on.

The Southern Pacific today has a rate of approximately 46 cents for its track laborers or extra gangs, and they have a commissary which charges—and I think I am approximately correct, although I will not guarantee the figures I am using, but they will be close—\$1.59 a day for commissary charges. Now, when you take 46 cents an hour and deduct the commissary charges, and they are higher for cigarettes, foods, shoes, and stuff they need than they can get them elsewhere, they will have a little over \$12 a week.

Senator CHAVEZ. I understand that situation.

Mr. LUHRSEN. Now, the Union Pacific runs into Los Angeles, right down into that territory, and they pay their section men from 2 to 7 cents an hour more than the Southern Pacific and it has voluntarily during this emergency, recognizing the necessity for aid to be given in the war effort, reduced their commissary charges from \$1.25 to 50 cents. That is a day. Thereby the net earnings of the Union Pacific men is approximately \$22 as against \$12 for the Southern Pacific.

Now, you cannot cure that substandard situation by mobilizing manpower. Even the Mexican will be wise enough, if he is permitted to come into the railroad industry, to leave the California district and come to the Union Pacific, where he will get more money.

Senator CHAVEZ. And that is the reason the Mexican Government insisted that they be given the privilege—not the privilege but the right to demand pay for three-quarters of their time, as you said?

Mr. LUHRSEN. When they are unemployed.

Senator CHAVEZ. When they are unemployed?

Mr. LUHRSEN. That is right.

Senator CHAVEZ. Because, after all, they did come from far away, and were taken over here supposedly to work, and if they are not employed, you cannot blame the Mexican Government for insisting on that protection.

Mr. LUHRSEN. Not at all. Later on I hope the committee will permit me to insert into the record an exhibit, which I think should be a matter of record, in the hearings.

Senator CHAVEZ. Because generally the condition of the Mexican, when he comes to this country, is pretty sad, and generally knows it.

The CHAIRMAN. We will be glad to have the exhibit, Mr. Luhrsen. I think we ought not to pass on without remarking that the Union Pacific Railway is a Utah corporation, and of course a model in the railway industry.

Mr. LUHRSEN. Thank you, Senator.

Well, there is a vast distinction between some of the other railroads as well as the Union Pacific.

Naturally, the Southern Pacific is unable to hold its labor under its conditions. But rather than increase its present substandard pay, the Southern Pacific prefers to cry that there is a labor shortage and that Mexican workers should be imported.

If we import Mexican workers for track work, it will simply be another case of underwriting substandard wages. I wish to submit for the record some transcript materials bearing on the importation of Mexican workers.

This is the document I speak of.

The CHAIRMAN. It may be inserted in the record.

(The document referred to is as follows:)

RAILWAY LABOR EXECUTIVES' ASSOCIATION,
Washington, D. C., August 28, 1942.

To All Chief Executives, Railway Labor Executives' Association,

DEAR SIRS AND BROTHERS: Because of the acute situation before the War Manpower Board with respect to bringing in Mexican laborers, and also because the Southern Pacific seems to be the only railroad which is complaining, I have gathered considerable material to indicate the treatment given the men and women sent to different regions for employment.

The Southern Pacific is complaining about receiving too many Negroes and to the contrary the Santa Fe only a few days ago, asking for laborers, expressed the wish that they preferred Negroes but, of course, would not discriminate and would also accept whites.

I borrowed a copy of a report of an investigation held in California and extracted from it the highlights which I felt you would be interested in for your general information so that you, too, will know what the general background is of the difficulties encountered.

A strenuous effort is being made right now to have the United States Employment Service absorb the Railroad Retirement Placement Service and in accordance with the action taken by the association I have opposed it as fast as things developed indicating that it was being brought to a head.

It appears to me that before Mexican labor, either for agriculture or for the carriers, can be brought in, we should first completely absorb our domestic labor. Our domestic labor should, through the greatest publicity possible, be informed by the proper governmental agencies with respect to the agreement made with the Mexican Government by our Government. When it is made known to them that the minimum wage cannot be below 30 cents per hour, but in any event must be the prevailing rate in the territory if higher and that in addition thereto, transportation is furnished by the Government within 200 miles of

final destination, and also that they will be paid \$3 per day when unemployed up to 75 percent of such unemployment, our domestic labor because of that security will then more freely flow to the destinations where labor is needed.

Fraternally yours,

(S) J. G. LUHSEN,
Executive Secretary.

PART OF TRANSCRIPT OF HEARINGS BY STATE DIVISION OF IMMIGRATION AND HOUSING ON IMPORTATION OF NEGRO LABOR FROM CALIFORNIA, JULY 14, 1942, LOS ANGELES, CALIF.

First witness: Jacob Cox, of Memphis, Tenn., and about 35 others.

Question. Who got in touch with you in Tennessee?

Answer. A Southern Pacific labor agent. He said he had a job for us and signed us up for a job in the labor gang for El Paso, Tex.

Question. Did you get off at El Paso?

Answer. No. That is the first place they gave us something to eat. They gave us a couple of box lunches, enough to last until we got to California.

Question. That was the first food you had since you left Memphis?

Answer. Yes.

(The testimony shows that when they got to Los Angeles the 3d they went to the hotel at 401 1/2 North Main Street and stayed there until Sunday evening the 5th and went to a place called Indio, arriving 1 o'clock Monday morning. There were 16 sent to Indio, all colored.)

Question. When you arrived at Indio, what did you do?

Answer. One of the agents went with us. We all got off there. He got off, too, and didn't know any more than we did. He said he had never seen a tick like that before—"I don't know what to do. Somebody ought to meet you." He disappeared somewhere. I don't know where. He told us to go up to the front of the car and find somebody. We found a fireman. He didn't know any more about it. He didn't have any idea of a place for them to stay. There were no rooms and we stayed in the cars. He said they had good houses with everything equipped except that you had to buy your mattress in a commissary.

Question. What arrangements were made the next morning? Did you get breakfast?

Answer. I didn't eat. I don't know about the rest because I left at 10 o'clock. Question. Did anybody ever show up?

Answer. Nobody showed up. We found a cook, but the cook didn't know anything about it. I couldn't understand his talk. I got kind of angry and quit talking to him. He said we would go to higher officials before he would give us anything. I came then directly back to Los Angeles and had to work since I arrived.

I had a suitcase and clothes taken from the hotel room. I didn't know the other two with me. Of the 16 who went to Indio, 5 got jobs. The others all came back.

The man who hired us said he was paying from 46 to 52 cent an hour, all expenses paid, and housing and board also free. You got board with the company or not as you wanted for \$1.29 a day. He said we didn't need to buy clothes, the commissary furnished them and they took it out of our pay over several pay days—shoes, gloves, overalls, shirts. He said the water and soap was furnished, but there wasn't anything there.

Someone from the floor stated:

That is a pretty good story, but at the Midnight Mission I have 15 men and boys that really can give you a story. Last night I slept close to them. Their ages ran from 17 to 19 years and they were destitute. The majority of the boys are a clean lot of men, the cleanest lot from the South I have seen in a long time.

A majority were hired from their home towns and given permission by the draft boards to go to El Paso. Getting there they had no food for a day and a half. Some were put on the rear end of troop trains and had to stand up all the way or sit on the floor.

Mr. Eaton, of the Los Angeles Police Department, then explained the situation as he found it by stating that 300 had arrived on Thursday, July 2, 200 were expected Friday, the 3d, and thereafter from 16 to 30 a day would arrive. Some had been sent to the Indio district and that the men had complained that they had found no job and that "they were required to sleep on the roadbed

of the railroad instead of having shelter. They showed us some circulars from the U. S. Employment Office in Memphis, Tenn., stating that they would receive shelter along with other things. They left Indio for the reason that they were not treated like human beings. We sent them to the U. S. E. S. with a prospect of obtaining employment in beet fields."

Mrs. Smith, executive secretary of the Travelers' Aid Society, among other things stated—

That they had seen 11 or 12 boys, two under 16 and the rest between 16 and 18. They came mostly from Tennessee. One of the group said that they traveled on a train with the blinds down and were told it was a blackout. When they asked where they were going, they were told that was a military secret. Some were sent to the department of public assistance and they suggested that they should stay at the juvenile hall. This frightened the boys. They said they had committed no crime and did not want to go there, so the department of public assistance told them to hitch hike back to their homes. The department itself says it told the boys that.

Floyd Covington, Urban League of Los Angeles, among other things in his statement said:

Their personal appearance impressed me. On July 11 seven colored men and five white persons appeared and were interviewed and they stated that they were signed up by Mr. M. Calloway of the U. S. Employment Office in Memphis. They understood he was the agent of the Throckold commissary. Further information indicated that Mr. Kennedy, deputy labor commissioner in Sacramento, in the past 2 weeks had interviewed in excess of 100 cases, mostly in Sacramento and mostly colored, who substantiated the story so far told.

Mr. Ratche of the local employment office stated:

A great influx of people have been in the office within the past week. We have over 1,000 colored women and 200 or 300 colored men seeking employment.

Mr. Peterson of the Railroad Retirement Board stated that they had placed orders with their employment service for all sorts of help needed on the railroads. The Southern Pacific had placed an order for 2,400 track men, approximately 6 weeks or 2 months ago.

Finding ourselves unable to supply the number of track laborers, we followed the accepted procedure laid down in the "Memorandum of Understanding" between the Federal Security agents in Washington and the Railroad Retirement Board. We feared that order out to the other Federal Government agencies in the employment field which, generally speaking, would be the U. S. E. S. and the W. P. A. They, in turn, found that there was no such supply available in the territories in which these railroads operate and so they asked for state clearances and the orders were then placed in several of the Eastern States.

When Mr. Peterson was asked what should be done that they had no jobs and were dependent upon private charity for maintenance, Mr. Peterson answered:

I might say at the present time we still have orders for 700 or 800 people from the S. P. Railroad. As of July 11 we were still short 1,300 men on the S. P. and on that date 500 or 600 were en route, which would indicate that the shortage today would be between 600 and 700 people.

Mr. Anderson, State Federation of Labor, stated:

Here the established scale of wages is 87.5 cent per hour in this section including all of the four Western States. Most of these men are brought in at 46- to 63-cent-an-hour wage basis. We cannot hope to keep men on the job in those areas and this wage structure must be considered.

EXHIBIT A

DIVISION OF LABOR STATISTICS AND LAW ENFORCEMENT, JUNE 30, 1942

To: Mr. R. A. Redifer, deputy, Sacramento.

From: Mr. Vernon R. Kennedy, deputy, Sacramento.

Subject: Laborers imported for work on Southern Pacific Railroad.

This is a report on laborers that are being shipped into the State to work on maintenance gangs on the Southern Pacific Railroad.

The large majority of these workers are Negroes—a great many of them minors. They are, in most instances, being shipped out of the South. Houston,

Fort Worth, and Shreveport are the principal shipping centers; however, in one instance a group was shipped in here from Chicago.

While all of the cases I cite are based on the statements of the men, they were obtained through direct examination, and I believe are substantially correct. Their statements are so similar in general outline that I think we can form a fair picture of the conditions under which these workers are being shipped into California.

It is difficult to do anything in Sacramento, as all of the agencies involved have only branch offices in this city. I suggest that this report be forwarded to the Commissioner, in San Francisco, with the suggestion that representatives of the people involved be invited to sit in a meeting.

It is my feeling that more can be accomplished by an informal discussion of the situation than by attempting formal prosecution of Labor Code violations. The people who should sit in are representatives of the Southern Pacific Railroad, the United States Railroad Retirement Board, and the Threlkeld Commissary Co. I suggest that Lee Smith, regional director of the Labor Division of the War Labor Board, who has offices in San Francisco. The general form of complaint made by the workers is that they are hired by one of several agencies—the United States Employment Service, the Railroad Retirement Board, the Southern Pacific Railroad, or the Threlkeld Commissary Co. At the time they are hired they have only a vague idea of the work they will be required to do. They do not know where they are going, and are not sure what wages they will receive. They complain that the treatment they receive en route is far from good.

On arriving in Sacramento, many of them refuse to go to work; some are sick and are refused employment; some quit; and some are discharged. In these instances they are refused return transportation and are left to get along the best way they can. They all state that they were assured, when they were hired, that return transportation would be furnished if they were discharged.

It is the position of the local representatives of the Southern Pacific that under no conditions are they entitled to return transportation unless they have completed at least 6 months' work. Here are some actual cases taken from my interviewing notes:

On June 17, four Negroes came in the office to make a complaint on their pay checks and commissary charges. They were all from Houston, and their stories were identical. Here is what they said: They were referred to the Railroad Retirement Board, in Houston, by the United States Employment Service. They did not know the name of the man they talked to in the board office, but described him as being short, about 50 years of age, heavy set, wore glasses, blond hair, slightly bald, and a cigar smoker. They were told that work was available on the Southern Pacific Railroad in any one of five Western States. They were sent for a physical examination and on passing returned and signed a paper, the contents of which they did not know. They were told that they would receive 46 cents an hour and would work a 10-hour day; that they would have to furnish their own blankets and bring food enough to last them to El Paso; and that the Threlkeld Commissary Co. would take care of them from El Paso on. They were told that the job would last 7 or 8 months, and if they were fired or laid off they would receive transportation back to Houston. One coach of 31 workers left Houston on Thursday, May 21. They arrived in El Paso on Friday and were fed two meals, then put on a train for Los Angeles. In Los Angeles they were given two meal tickets, one of which they traded for a pack of cigarettes. They stated that the meal received in Los Angeles was very unsatisfactory. They were then told to report back to the station and that they were going to Sacramento. They arrived in Sacramento on Monday, May 25. At the time they arrived there were two coaches, containing about 60 workers, one coach having been picked up en route. On arrival in Sacramento, they were taken to the commissary to be outfitted. This particular group was sent to Nord, Calif. Here is a typical list of supplies purchased from the commissary, and the prices charged them:

Denim jumper.....	\$2.25
Tooth brush.....	.25
Tooth powder.....	.50
Canvas gloves.....	.75
Carton Camel cigarettes.....	1.55
Work shoes.....	6.50

To the above prices was added sales tax. For the quality of goods they received, the prices appear to be excessive. Please particularly note the Camel cigarettes. These cigarettes can be purchased in any grocery or tobacco store for \$1.35 a carton.

They shipped out of Sacramento and started work at Nord on May 27. They worked through until Friday, June 12. They quit at that time, as they said it was impossible to work under the straw bosses who were their supervisors. I found on checking their commissary bills that there were some small overcharges which were corrected by the Threlkeld people. Threlkeld stated these charges were those sent in by the foreman at Nord. Their time was not correctly figured but this was corrected by the Southern Pacific Railroad. The workers complained about a \$6 charge made by Threlkeld for meals en route from Houston, and they stated it was their understanding that these meals would be furnished them. The names and home addresses of these workers are—

Samuel Stramler, 1206 Ruthven Street, Houston, age 20.

Sydney Tolbert, 9405 Main Street, Houston, age 20.

Johnny Stamps, 1407½ O'Neil Street, Houston, age 19.

Chester Peters, 1517 Robin Street, Houston, age 19.

On Saturday, June 20, the following negro workers appeared in the office: Lucius Love, James Black, Silas Williams, Horace Butler, Arthur Porter, Charles Brown, Joe Williams, James Perry, Nathaniel Armstrong.

They stated they were hired at 777 East Jackson Boulevard, Chicago, Ill., by the Railroad Retirement Service, to work for the Southern Pacific Railroad at the Railroad Retirement Service, to work for the Southern Pacific Railroad at the Railroad Retirement Service, to work for the Southern Pacific Railroad at the Railroad Retirement Service. When they arrived at Sacramento, they were told to take the 10:20 train to Portland, Oreg. They were unable to find seats on the 10:20 train and were told to wait over for the evening train. They were offered cold lunches, which they refused to accept. We checked with the Community Chest to get aid for these men and were told by the Travelers' Aid that they had orders from the Southern Pacific not to give any assistance to any men that the Southern Pacific was transporting from one State to another for work. We phoned Threlkeld's commissary and they agreed to give them a meal ticket for a hot meal. We do not know what happened to these workers, as they did not come back to the office. On June 25, three workers, W. D. Lucius, Social Security No. 463-00-0014; Edward Stafford, Social Security No. 445-16-1957; and Leonard Dempsey, 465-10-9033, came into the office and stated that they answered a newspaper ad in Fort Worth. The ad stated: "Wanted track men 200 miles west of El Paso." They reported to the address given in the ad and were hired by a man they believed to be a representative of Threlkeld's Commissary. When they reached El Paso they were given hot meals and provided with cold lunches when they boarded the train. When they were some distance west of El Paso, they were told that they were being taken to Los Angeles. On arriving at Los Angeles, they were given two sandwiches and put on a train for Sacramento. On arriving at Sacramento, they were taken to a Mexican Cafe and given a light plate lunch and then told that they were being sent 200 miles east of Reno and that they would be fed when they reached the outfit cars. They refused to go to work and had great difficulty in getting their baggage checks for their bed rolls.

On June 20, I received a phone call from James Smith, Negro, age 20. He said he was also speaking for Leonard Gullage, Negro, age 20. He asked if we could assist him in getting return transportation. He said they were shipped out of Houston and had been working on a maintenance gang in Roseville, Calif., worked for 2 weeks and were discharged; that the Southern Pacific refused to give them return transportation.

On June 30, I interviewed five workers shipped from Shreveport, La.:

Harry Hill, Jr., age 18, Social Security No. 435-20-0171; 1815 St. Paul Street.

Arthur Vickers, age 20; Social Security No. 435-12-7120, 221 LeRoy Street.

Jerry Jackson, age 19; Social Security No. 437-20-0204, 1649½ Alston Street.

Willie Bailey, age 19; Social Security No. 434-18-3290, 1682 Afton Street.

Alvin Quinn, age 19; Social Security No. 433-28-7125, 1819 St. John Street.

These men stated that they were referred to the Southern Pacific office, at 720 Commercial Street, Shreveport, by the United States Employment Service.

They were hired for railroad labor, for some place in the West, and were told that they would find out where they were going when they reached El Paso. They all received physical examinations by Dr. Quinn, the Southern Pacific doctor, who is on the fourth floor of the Aris Building, Shreveport. They stated that the physical examination consisted of prodding them in the stomach and feeling their groin. When they arrived at Sacramento, they complained of illness, and were examined by Dr. Henderson, the local Southern Pacific doctor. Dr. Henderson found that four of them—Hill, Vickers, Jackson, and Bailey were suffering from gonorrhea, Bailey's being an acute case. In addition to that, Jerry Jackson had a ventral hernia. Alvin Quinn had a fractured leg. While this was an old fracture, he complained that it pained him and that he was unable to do hard work. As a result, these boys were refused employment, refused transportation back, and stated that Threlkeld's refused to release their bedding rolls. Threlkeld's were phoned and agreed to release the rolls, stating that they never had refused to give them to the boys.

At the hearing held on June 17, I asked Mr. C. E. Warter, the district manager of the United States Retirement Board, to sit in. At that time he stated that he was receiving a great many complaints from these men who were being shipped out to work on the railroad. I do not know how many workers have been shipped in, but there probably have been several hundred within the past 3 weeks. I understand that 83 of them arrived this morning from New Orleans and Houston and are very much dissatisfied with the treatment received en route.

Mr. Flint, the local manager of Threlkeld's, told me that a very small percentage of the workers shipped in ever arrived on the job, most of them refusing to go to work and many of them being hired away from Threlkeld's by local agriculture labor contractors. He cited one instance of 55 workers coming out of Houston and only 5 of them being on the job after 1 week.

Most of these cases have been brought to our attention by the men having been referred to us by police officers. I understand that the various local welfare agencies are being forced to handle a number of these cases. This situation is urgent and I suggest that if any action is decided upon that it be taken immediately.

VERNON R. KENNEDY.

EXHIBIT B

SACRAMENTO, CALIF., July 13, 1942.

(Questions by Mr. Kennedy, Deputy Labor Commissioner. Answers by Ira Smith, 908 West Tenth, Houston, Tex.; Social Security No. 435-12-6479; 25 years of age; married; two children, 4 and 3 years of age.)

Question. How did you first find out about this railroad job?

Answer. I was working at the Yale Street Furniture Co. delivering furniture. A bunch of boys left Houston and came out here. They told me to go to the Texas Employment Office this past Monday, July 6.

Question. What happened when you went to the employment office?

Answer. They gave me a slip to go to the Railroad Retirement Board to see Mr. Mann.

Question. Where was his office?

Answer. His office is at 502 Congress Street.

Question. So you went to see Mr. Mann, and what happened there?

Answer. Mr. Mann told me he could give me a job at El Paso, Tex.

Question. Did he say what the wages would be and what the job would be?

Answer. He said the wage would be 46½ cents on the S. P. and on the Santa Fe would be 48½ cents. On the other side of El Paso the pay would be 52 cents and that we would not go any farther than Los Angeles.

Question. Did he say that you might go to Los Angeles?

Answer. He said we might go to Los Angeles.

Question. Did he tell you what the board would be?

Answer. He said we must pay for our food ourselves as far as El Paso and when we got to El Paso the commissary company would see that we ate and slept in comfort.

Question. Did he tell you you would have to pay for that?

Answer. He said it would be \$1.29 per day.

Question. Did he tell you the board would be furnished by the commissary company?

Answer. No.

Question. Did you think you were going to have to pay for your board after El Paso?

Answer. I thought the transportation and board would be free. Had the impression everything would be free until the day I started to work, after which time I thought it would be \$1.29 per day.

Question. At the time you were hired they told you you would have to take care of your own food until you got to El Paso?

Answer. Until the job was started.

Question. And after you got on the job it would be \$1.29 per day and you understood that you would have no expense until you got on the job?

Answer. That's what I thought.

Question. Did you think you would have to go beyond El Paso?

Answer. Yes.

Question. Did he tell you you would have your choice?

Answer. I had an idea I would go farther.

Question. Did you ask him what would happen if you didn't like the job?

Answer. He said I could quit.

Question. Did he say anything about what would happen if you quit?

Answer. He said if I worked 6 months they would give me a pass.

Question. Did you sign any papers at the Railroad Retirement Board?

Answer. Yes. One paper.

Question. Do you know what was on that paper?

Answer. Yes. Same thing I just told you about the commissary. They would feed me and move me to El Paso.

Question. Did he give you a ticket?

Answer. No. Just told me to meet him at the station at 9 o'clock Tuesday night, the 7th.

Question. How many boys were in the station when you met him?

Answer. Five colored and 150 whites at the station.

Question. Were those boys all from Houston?

Answer. No, sir. The colored boys were from Houston and the whites from all around.

Question. You took the train out of Houston at what time?

Answer. 9:55, July 7.

Question. When did you get in El Paso?

Answer. Wednesday evening about 9 or 10 o'clock. We left there at 10:15.

Question. Did you have anything to eat?

Answer. Only what I brought.

Question. What did you bring?

Answer. Sandwiches and "coke."

Question. What happened when you got into El Paso?

Answer. The Mexican met us at the train at El Paso and took us to the commissary. We went in and they gave us two bags. They contained meat, two cans peaches, and 2 loaves of bread. Told us we were going to Los Angeles.

Question. They put you on the train in El Paso at what time?

Answer. 10:15 Wednesday night.

Question. When did you get in Los Angeles?

Answer. Friday at 8 o'clock. They cut us off the train for 2 hours. We were not allowed to know the time of day.

Question. How did they arrange it? Do you think they would deliberately arrange it so you got in town at night?

Answer. Of course.

Question. What made you think that?

Answer. On the first train, the Western Flyer I think it was, we were in two cars, and then they pulled the two cars off the train at Indio, Calif., about 12 noon, and then they let us lay over and another train picked us up at 6 o'clock, and we got into Los Angeles at 10 o'clock at night.

Question. What happened when you got into Los Angeles?

Answer. We were met in Los Angeles by another Mexican.

Question. What happened at Los Angeles?

Answer. Made us all go to 419½ Main Street, to a Bontica Hotel. Went upstairs and registered. We came down and went in a little Mexican cafe to eat. After we got through we went to bed.

Question. What did you get to eat?

Answer. They gave us some slaw, grits, and two pieces of meat.

Question. How many men were in room?

Answer. There were two in a bed, three beds to a room—five men to a room. Question. What was the condition of this hotel?

Answer. It was a big place. They took us up there, and the beds and linen were pretty clean; not so much wrong with it.

Question. Was there a wash basin in your room?

Answer. Well, yes; but I was scared to wash in the bowl because it was so rusty.

Question. What did you do the next morning?

Answer. Next morning we ate breakfast. We had two eggs, two slices of bacon, and cold potatoes. (Stated they were all right.) Then they told us to walk around until 1 o'clock. Later they told us to come back at 4 o'clock, when we would leave. We waited for him until 6 o'clock. They wanted us to sign some papers. They wouldn't let us see them unless we agreed to sign. I wouldn't do it. He took us to the station and sorted us out. We stayed there until 7:30 or 8 and then gave us a lunch and said we were going to Sacramento. In the lunch were three sandwiches and one orange to do us until we left Sacramento. We arrived at Sacramento at 9:30 Sunday night. We left Los Angeles Saturday evening about 7:30.

Question. Did the train stop for a long period of time at any time?

Answer. Yes; we stopped at Fresno from 9 a. m. until 3:30 p. m.

Question. Did you get anything to eat there?

Answer. They fed us some beans. The station master made them feed us.

Question. What happened when you landed in Sacramento?

Answer. We landed last night (Sunday), and they took us to the Martin Hotel. We ate first next door in a little joint.

Question. What did you have?

Answer. I didn't eat it. A big bowl of soup (described it as red water with two bones in it), and a bowl of beans, dry bread, and coffee which was very weak. The first hotel (the Martin) was dirty—a soiled sheet on the bed. We refused to stay. When we said we couldn't stay they found another place next door. They wanted two in each bed and sometimes three at the Martin Hotel. Then we went next door, where it was clean, and we slept there two to a bed. They told us we had to be up at 7 to get breakfast. For breakfast we had two eggs, lettuce, cold potatoes, and the same beans. (Said he couldn't eat the breakfast.) After breakfast they said nothing to us. We haven't seen any of them since.

Question. Did you ask them where you were to go?

Answer. They wouldn't tell us anything. We waited from 8 til 12. After lunch we went to the commissary (Threlkeld) between 8 and 9 and talked with the "boss" man there—a fast Mexican. He told us to get out and go.

Question. Did you talk with anybody else about where you were to go to work?

Answer. They won't talk. I asked them who to see to sign up and they said it is man's brother, but for us to wait outside. I went to 14th and J at 11 o'clock to the employment office.

Question. What did they tell you there?

Answer. They said they had jobs apiece cutting, but I must have experience and I told him I wasn't experienced. I was told they wouldn't hire colored men at these firms. We then went to an employment agency on Second Street. They said there are lots of jobs but said no jobs for colored men. Then we went back again to have dinner. We had meat balls and the same beans, and bread. One of us found a fly in this and couldn't eat it.

(The stories of all the boys are practically the same as Ira Smith's. Following are briefs on their statements.)

Marvin Hines, colored; Social Security No. 239094173; age, 22; not married; lived at home, 24 Davis Street, Atlanta, Ga.; Hired at Atlanta, Ga., through the United States Employment Service and told that he would work a short ways out of El Paso, Tex.

Curtis Thomas; Social Security No. 455-28-1173; home address, 1115 Cement Alley, Beaumont, Tex.; age, 23; married, no children; A representative in the United States Employment office in Beaumont, Tex., asked him if he wanted to work on the railroad in El Paso. The man said he would receive 46 cents at El Paso but might want him to work in Arizona and if so would pay him 52 cents. Abraham Brown; Social Security No. 455-24-0490; 1060 Willow, Beaumont, Tex.; age, 21; married; 1 child, 1½ years of age; Was met by a man in the employment office in Beaumont and told there was railroad work at El Paso which would pay 46 cents an hour. That he might have to go as far as Los Angeles.

Tommy Mathess; Social Security card lost, has receipt for application for another; 14 Davis Street, Atlanta, Ga.; age, 24; not married; Hired in the em-

ployment office at Atlanta, Ga., with a distinct understanding he was to go to work in El Paso. When he arrived in El Paso he was told he would have to go to Los Angeles. He questioned this agent who told him he had nothing to do with it—that his instructions were to send the men on to Los Angeles. He finally arrived in Sacramento. (See Smith's story of trip.) In the meantime he was having trouble with his feet, which were badly swollen and infected. He went to the Railroad Retirement Office in Sacramento and they arranged for return transportation for him. After the Railroad Retirement Board arranged for transportation he went to the commissary to see about expenses or food for the return trip. They told him to come back later.

EXHIBIT D

SACRAMENTO INDUSTRIAL UNION COUNCIL,
CONGRESS OF INDUSTRIAL ORGANIZATIONS,
Sacramento, Calif., July 12, 1942.

GEO. CULBERT L. OLSON,

UNITED STATES RAILROAD RETIREMENT SERVICE,
UNITED STATES EMPLOYMENT SERVICE,
CALIFORNIA STATE LABOR COMMISSIONER.

DEAR SIR: The Sacramento Industrial Union Council at our regular meeting July 30, are on record condemning the methods being used by the United States Railroad Retirement Board in importing thousands of laborers from the South to the Western States.

Our investigation of this matter reveals the following facts:

(1) There is no assurance that these men will be employed after they arrive. All the men interviewed tell the same story that they were hired for out-of-town work from their original home towns. Then they were told there will be work in El Paso, and then in Los Angeles, and from there it would be in Sacramento, and at last when the men get to Sacramento, the long-hunted job is in Oregon. These men in desperation drop by the wayside and attempt to get work or try to beat their way back home. Attempts have been made through the State employment office to get these men work at agricultural labor, but there is no work for them, despite the much-publicized shortage of farm labor in California. The employment service has cooperated in every way to get these men to work, but there are no jobs.

(2) These men were recruited and sent here with either no medical examination or a very casual examination, as several were suffering from venereal diseases and had clinic cards to show that they were undergoing treatment before they left home. They had received no treatment since and were undergoing a rapid trend to a worse condition.

(3) No organized attempt was made to feed and house these men. They were given in some cases meal orders from the Threlkeld Commissary Co., to be charged to them after they had gone to work. The men stated that the meals were poor, that it was harder and harder to get these meal tickets as they got further west, and many of them spent the slender reserve of money that they had in order to subsist. They were informed by this commissary company that they would have to have their own blankets, etc., and none of them were equipped for camp life.

(4) Humane consideration of these men was not evident because of the fact that some of these men had families and could not and did not contemplate the extreme distance of separation that this work, if ever attained, would involve. Also, these families could not live if the men did not receive work and money to remit to them. We find that the majority of men had jobs and that they were recruited on the basis of bettering their conditions. The recruiting was not done on the basis of offering unemployed workers sure and steady jobs, but done on a basis of seduction, to have a large supply of unemployed labor in California.

(5) These men are not allowed to beat their way back on the railways via freight train, and as most of them have no money, and with the number involved, it makes it impossible for them to go back unassisted.

We charge that this irresponsible recruiting of labor and its transportation has been promoted by anti-labor groups for the sole purpose of flooding the California labor market with a desperate supply of unemployed labor to force wages to a lower level. The reason that Mexican labor under bond, as recommended by the Congress of Industrial Organizations, was not resorted to was because

that the importing agencies would have been held responsible for jobs and their return home if there were no jobs, thereby defeating the prime reason of this importation; a fluid unemployed labor supply that would be forced to accept work at any price or any condition. A study of the La Balle committee hearings is proof that such anti-labor organizations exist. We would like to ask the Railroad Retirement Board whose money they used in the advertising campaign for these men. We wish to point out the injustices of luring employed people away from home and then leave them stranded thousands of miles away. We are of the opinion that this whole matter should have been handled by the United States Employment Service and that these men should have physical examination before they leave their home towns. We wish to point out the danger of these men being forced into vagrancy and possible crime before they have a chance to fulfill the intention of the anti-labor groups, of scabbing on the organized workers. We request that the State or Federal body having jurisdiction take the necessary steps to immediately stop this unfair practice.

Yours sincerely,

FRANK E. THOMPSON, *President*.
J. T. DUDLEY, *Secretary*.

EXHIBIT E

JULY 13, 1942

To: Mr. CAREY McWILLIAMS.
Subject: Negroes.

DEAR MR. McWILLIAMS: You are undoubtedly cognizant of the recent heavy influx of Negroes into the State, but for your information I wish to report that they are apparently flocking to us in great numbers over the Union Pacific and Santa Fe Railroads.

I just returned from the desert, and while out there saw many of these Negroes around the railroad centers of Yarmo, Barstow, San Bernardino, Colton, and Indio. Large numbers of them are employed by the railroads, while others seem to be just floating around. They are apparently going to create quite a problem in more ways than one. I found that the Southern Pacific Co. had moved 40 or 50 of these men into a storeroom under a lodging house at Colton for temporary shelter, and it was the understanding that they were to remain there only a few days and were then to be established in tents at some other point. I went over his particular situation with the agent of the building and the Southern Pacific's representative in charge, and the conclusion of our meeting was that these workers could be moved out of this place at Colton by today. The quarters that they had set up there were entirely unsuited for dormitory purposes, and we could not permit their continuance as such.

Yours very truly,

L. T. MOTT,
Superintendent of Housing.

[Mimeographed Letter]

CONDITIONS OF EMPLOYMENT, SOUTHERN PACIFIC MAINTENANCE-OF-WAY GANGS

1. *Age limits.*—21 to 55 years.

2. *Workweek.*—Normal work is 8 hours per day, 6 days per week. Certain extra gangs are now working 9 or 10 hours per day, 6 days a week. However, no overtime work guaranteed. On extra gangs, straight time is paid for first 10 hours in any given day.

3. *Transportation.*—Transportation is provided to point of work. Return transportation is provided to the point at which hired if the employee is laid off due to reduction of forces. If the employee, after having worked 6 months, voluntarily quits, return transportation is provided as far as El Paso, Tex.

4. *Living accommodations.*—Living accommodations are provided free of charge in section houses, outfit cars, or tents. Such facilities as water, fuel, and sleeping cots are included.

5. *Bedding.*—The employee must furnish his own bedding and cot pads.

6. *Wages.*—46 cents per hour.

7. *Pay-roll deductions.*—(a) C. T. A. pay-roll tax, 3 percent. (b) Hospitalization fee of \$1.75 per month (not prorated). (c) Boarding charges on signed order. (d) Commissary charges on signed order.

8. *Boarding facilities.*—Board rate is \$1.20 per day on all gangs.

(Where boarding facilities are provided by Threlkeld Commissary Co., it is optional with the employees whether or not they board with that company.)

Any person accepting this employment is not forced or required to make use of any of the facilities or services provided by the Threlkeld Commissary Co. There is no fee charge by anyone for this employment.

I have read the above and thoroughly understand all the conditions listed, including the available optional services, and these conditions are acceptable to me. A copy of these conditions has been furnished me.

Dated..... Signed.....
Location.....

MR. LUHRSEN. Failing to obtain Mexican workers, for track work, somebody has started the rumor that we should freeze track workers in their jobs by national service legislation. Now, I submit this as a case in point. If track workers were frozen in their jobs, it would be merely a method of maintaining substandard wages. It would be a method of escaping the responsibility for proper, intelligent handling of the manpower problem.

There are some people who think that compulsion is the cure-all for everything. It is my firm opinion, after 30 years of work with management that both organized labor and management are opposed to compulsory national service legislation. It will not cure anything. It cannot possibly do the job when contracts and materials are not properly distributed, when we do not have an administrative structure for the proper guidance of labor, when we do not even know what labor skills we have and where they are. Compulsion will aggravate every problem and it will delay the reorganization and adoption of the necessary steps in the war program which have to be taken if we are going to win the war.

That concludes my statement.

The CHAIRMAN. Any question, Senator Rosier?

Senator ROSIER. I have one or two questions rather theoretically dealing with the whole theory proposed in the manpower compulsory measure.

In one part of your statement you took a position against some such compulsion on the ground that there was no unified control. As to that part you amplified it in your concluding statement, but in your first statement you rather implied that if there were a unified control, or a centralized control, it might be acceptable.

Did you mean to imply that?

MR. LUHRSEN. I meant to imply that. If you unify all the other matters which are still related to manpower, that is the distribution of materials, allocations and so on, have it all centralized under one head, so you can weigh all of the different matters, one as against the other. Then I do not think there would be any necessity for it. I think it will work out on a voluntary basis, and that is something which we have not today and which has not been successfully tried, as long as we permit this lack of unification, with one man thinking this way and another man thinking another way.

Let me illustrate an experience only recently in the War Production Board. It seems that here the railroads naturally would apply the golden opportunity for the abandonment of unprofitable lines. The War Production Board even took the position that they did not require the necessity of filing an application with the Interstate Commerce Commission and to have a hearing permitting interested parties to say

whether or not that line should be retained for the public convenience and necessity, especially in some instances where agriculture was materially involved.

There was nothing done about it. They just went in and requisitioned. We objected to that on the ground that we had many, many instances that we, as the employees, knew should be done first.

I will give you an illustration. Take for instance, the Burlington Railroad on the Beardstown division in Illinois. It was a double-track railroad. They discovered 2 or 3 years ago that they did not need one of the tracks, so they used it in a single track operation, in order not to have to keep up the maintenance work on the other track. It is 110-pound rail. We told the War Production Board instead of permitting the Burlington Railroad to file an application for the abandonment of other lines, which they did and still were essential for the war effort, and also served the public convenience and necessity for the purpose of carrying food, and if through an act of God, their main line was destroyed, that those lines would be useful for detours, certainly those should remain there until the unused double track was requisitioned.

That goes with scrap materials, with obsolescence.

We found thousands, thousands upon thousands of tons that we brought to the War Production Board's attention; now, there is, for the present at least, no requisition of lines still needed.

I am just illustrating that from the point of view that there should be a unification, or a knowledge of all the different phases that lead to the manpower. Here if you abandoned these lines, every man on those lines loses his job.

It causes dislocation.

So, I mean, on the entire picture all those things should be solved by unification, with a centralized head, and I do not think you will ever have the need for compulsory legislation to bring that condition in the working phase.

Senator ROSIER. Of course, the philosophy back of the proposed compulsion of labor in the manpower question springs from the compulsory drafting of men to serve in the Army.

You would concede, I presume, that we have the same power, that we should exercise the same power in drafting men to work on farms, factories, and railroads that we have in drafting men to go into the Army?

Mr. LUHRSEN. I will concede perhaps that you have the power, but I would not concede the logic of it for one moment for this reason: You have laws compelling children to go to school, and I think justly so, but you send them to an instructor to give them knowledge, intelligence for the future as they grow up.

When you conscript men into the war service, you put them in training under men of experience, not only of our own country, but I hope we have gathered the experience of other countries as to better means for protection, better methods to defeat the enemy, and everything else. They are educated by trained men.

I do not concede for one moment that in our administration, or in President Lincoln's administration or any other administration, from the staffs of the President down, that everyone of those men had qualifications or experience to protect labor, or the civil rights of the

men near as much as they are protected because of their guaranty of knowledge and experience, by trained Army men.

Let me illustrate what I am trying to get at, Senator. I think I have had a few examples right here, since I have been here, and I could quote many of them—but a certain wire is sent to ship so many hundred thousand tons of steel pipe immediately. The wire comes back that it cannot be done because it has not been threaded and then the inexperienced man in Washington, never having been in that industry, wires back, "Send the pipe and have the thread come later."

Or an engine is broken down, the frame of an engine is broken down, and the engineer wires in and says, "What shall I do?"

The man wires back, "Load your frame and come in late." That is so ridiculous it does not make sense. I do not think when we conscript our men into the Army that we will meet those situations. We hope not at least. We hope these Army men are training these men so they know what is right and what is wrong.

That is the difference between conscripting men for the Army—the armed manpower and conscripting civilians; that is my candid opinion.

Senator ROSIER. I agree with you that is not a logical deduction, and I think you have explained it very well, that there is a very distinct difference, first, as to the obligation, and, second, as to the training and the equipment which is provided.

I am dubious, of course, about, oh, compulsory movements. I have been quite dubious about it, and I have been interested in some of the things you brought out there. On another committee I learned a good bit about distribution work among small plants, the tendency of the procurement divisions to centralize all the war production in a few centers, with a few large plants, to the neglect of small plants distributed over the country. Surely they could do much to relieve the shortage of manpower in the labor situation if a lot of that war work was distributed among small plants.

To me, it seems that should be done.

Mr. LUHRSEN. Yes; as I understand—I think it is in the Tolan committee report, if I am not mistaken, I think 80 percent of the total production of England is distributed among plants with 200 or less employees. Is that in the Tolan committee report?

Mr. WEEER. In plants with 200 workers or less.

Mr. LUHRSEN. In plants with 200 workers or less.

Eighty percent of it in Great Britain is distributed among factories of 200 people or less. I do not think you can find that situation here at all. We have been constantly curbing the little fellow.

Senator ROSIER. It would be much better to distribute that work among the small plants, where the labor in small groups is available rather than to draw labor from these various small communities into the large centers where living conditions are bad.

Mr. LUHRSEN. That is right. For instance, as I understand it, some time ago, the Los Angeles Shipbuilding did not have the required materials to satisfy the total number of men. The allocations to San Francisco were such that they had more than they had men for, and so automatically the men went from Los Angeles to San Francisco. Then they faced the housing situation there, for which they were not prepared.

Now, you can go on down the line, in our railroad industry particularly. There is case after case that I sincerely trust the railroad management and we ourselves will solve the problem, but, if we do not, we will invite the O. D. T. in with us jointly to decide on that point.

Here we have, for instance, 20 or 25 extra conductors on a division of a railroad working 2 or 3 days a week; a railroad right next door is in need of those conductors, but the home railroad will not release those conductors to the other line unless they are willing to concede and forfeit 10, 15, 20, or 25 years of accumulated seniority.

Is that man going to be foolish enough to go to the other line and lose that right?

After the duration we may have the same kind of condition, but I hope we do not, as we had before the depression, or immediately after the depression. He is out on the street, he has no right whatever, but yet by compelling him to stay on the home railroad today, because they will not concede to his retaining his seniority, or even making it cumulative, he only earns 3 days' pay a week instead of 6 or 7, and his retirement compensation or annuity is built up on earnings of 3 days a week, where it should be on the basis of 6 days a week.

Mind you, the carrier contributes the same amount on his earnings as he does on his salary, so he is depreciating the value of his pension which he would get at age 65, if he was regularly employed today.

Now, those things are so involved that I say they must be ironed out before we talk about compulsory mobilization or selective service. Senator ROSSIER. I am impressed by your statement that there is needed competent and efficient management.

Mr. LUHRSEN. That is right.

Senator ROSSIER. Instead of compulsion?

Mr. LUHRSEN. That is right; and a harmonious willingness to cooperate and negotiate, taking into consideration the viewpoint of labor and management in a cooperative way.

Senator ROSSIER. Surely in any proposed system of compulsion, the men who are going to be compelled ought to have an equal voice with those who are going to do the compelling.

Mr. LUHRSEN. That is right, 100 percent. I agree with you.

The CHAIRMAN. Senator Chavez?

Senator CHAVEZ. No question.

The CHAIRMAN. Mr. Weber has a couple of questions.

Dr. LAMB. I would like to ask some.

The CHAIRMAN. Dr. Lamb.

Dr. LAMB. Mr. Luhrsen, I would like to ask you a few questions about the present situation on the railroads. For example, is there any inventory of where the various skills are today?

Is there any centralized knowledge on that at the present time?

Mr. LUHRSEN. No; not at all. I am sure there is not.

Dr. LAMB. So that any plan for shifting men from road to road would have to have an inventory precedent to it?

Mr. LUHRSEN. Yes; and I raised that question yesterday at our joint meeting that that was the first thing we should do regardless of what the demands might be of the Government for drafting men into the war service.

Let us find out what we have before we do that, irrespective of what the needs may be, so we can make transfers or shifts. In other words, I am in favor of an inspection by some sort of authority which will permit a man being placed in the higher skills which he can perform. Let me illustrate a vivid example, and I shall not be hesitant at all about mentioning the railroad, it is the Chicago & Northwestern. In 1940 they abolished an office where they had the train dispatchers located, and they consolidated it with another office. That left them a surplus of six or seven train dispatchers working extra. Some of those men, or the majority of them, have not worked 1 day as train dispatchers since 1940. In other words, they got them in in telegrapher ranks, from which the train dispatchers are promoted, paying them \$150, \$165, or \$175 a month.

One of those men applied to the Government, to the plant at Mead which is an ordnance plant. They wanted him and wanted him badly, but the Northwestern had declined to let that man go unless he loses all of his seniority.

The Southern Pacific and a lot of the other western roads need trained dispatchers badly. Why should not these men be released to those other roads and still retain their seniority? So I say these conditions should all be worked out, and I think we can find the information that you are talking about, Mr. Lamb. I think it should be gathered.

Dr. LAMB. In other words, you are suggesting the pooling of the men who are surplus men and unemployed today as far as their full use is concerned.

Mr. LUHRSEN. Within the industry.

Dr. LAMB. Within the industry?

Mr. LUHRSEN. That is right.

Senator CHAVEZ. But that they keep the status that they occupy now, the highest status?

Mr. LUHRSEN. If they are qualified, and train the other men up to the higher status. In other words, work it out so you will get the greatest effort out of each one for the war effort today.

Dr. LAMB. Now with respect to the effect of the selective-service draft upon the railroad industry, do you know whether or not the selective-service boards have respected the skills and the need for those skills on the railroads and have understood the role which transportation is playing in the war program?

Mr. LUHRSEN. I do not see how they can unless they are familiar with the occupational qualifications, and I do not think they have been. How can they determine, unless they are skilled in that occupation, or know something about the industry whether the man should be deferred or not, with respect to occupation?

There is one exceptionally bad thing in regard to that. Of course, your local boards have, you might say, unlimited authority, and yet there has been no research to find out whether it is best for them to say who shall or shall not be deferred. I think it cannot help but be done unintelligently, unless they know something about the occupation.

Dr. LAMB. In other words, you would be in favor of some system of occupational deferment board?

Mr. LUHRSEN. I think so.

Dr. LAMB. In addition to the existing local boards?

Mr. LUHRSEN. I think so. I would favor that very, very much.

Dr. LAMB. With respect to the addition of workers to the railroads, would a training program be required in order to prepare men for the displacement of men taken by the draft, for additional men where the roads need to expand?

Mr. LUHRSEN. Yes, but we do not have such training programs. There might be exceptions to that. I do not do this for the purpose of speaking about the organization that I have been president of for 23 years, I want that understood, but because of my familiarity with it, I can illustrate the point so much more vividly, and I will answer it by saying I will apply that same answer to all the other trades, because I do not think I will be far off.

The training of a train dispatcher, if he is a telegrapher, and most everyone is, because he has to operate the telegraph, I would say the average of 1 year is about the length of time a man would have to devote to it to learn it, or a man might get it in 6 or 8 months, but those are rare exceptions.

So it would take time to train the train dispatchers. Now, then, when we operate our railroads by sending our orders 75 percent by telephone we can very readily train young ladies, these two young ladies here [indicating], and much younger perhaps, or older, as well as young men off the farm, placing them at local stations where there is a agent or operator, and in 5 days he would know all the precautions he must exercise in the copying and delivering of a train order.

If we did that, that would be plant training, rather than, we will say, school training. Your man in school just does not get the rudiments and the safety and everything that goes along with it, so when you get him he still is not as safe as the one that has been trained for 5 days in the plant.

Dr. LAMB. In other words, you are in favor of training on the job?

Mr. LUHRSEN. I am in favor of training on the job; yes, sir.

That applies generally all the way down the line. Then you could take the men from the particular classes of young people to relieve the experienced men that you could train for the higher jobs as train inspectors.

Today we have communicating employees in that division. Those are the telegraphers and telephoners, and they number approximately, I think, something over 40,000.

In the last war we had 68,000. Now to that extent we have curbed communication, with a greater volume of business and greater congestion. When an unexpected contingency occurs we should have more communicating places to handle the orders, rather than to restrict the number, because that causes unnecessary delays.

I have urged, I am still urging, and I shall continue to urge that we must improve our communicating system on the railroads if we want to speed up and improve the greater efficiency of operation, so far as train movement is concerned, both freight and passenger.

Incidentally, if it is any help to the committee, I personally would today take the position that a freight train on the railroad should have preference over a passenger train, with perhaps few exceptions in the case of the streamliners and so on, because you would expedite the movement so much more.

Mr. Budd made the statement many times that the average train movement of freight cars was 2½ hours a day. If you could increase it 1 hour, I think you could save a turn-over—that is the statement

he made—a turn-over of 70,000 cars. So if you improve it by increasing it 2 hours a day, you would have a greater turn-over of 140,000 cars, and I do not think you would have a great clamor and holler for additional equipment. I would like to see it utilized to its fullest extent, because we need materials badly for tanks, guns, and everything else.

So that comes back to your question about dovetailing here and about getting the facts. We have got to know the whole picture before we talk about doing something with manpower.

The CHAIRMAN. Thank you, Mr. Luhrsen. We appreciate your coming.

Mr. LUHRSEN. I thank the committee for giving me the opportunity of appearing before you here.

The CHAIRMAN. Mr. Murray, please.

STATEMENT OF PHILIP MURRAY, PRESIDENT, CONGRESS OF INDUSTRIAL ORGANIZATIONS

The CHAIRMAN. I have already explained the reason for the order of the witnesses here. Mr. Murray and Mr. Luhrsen both had appointments.

Mr. MURRAY. That is very fine.

The CHAIRMAN. Mr. Murray, if you will state what you want to state about yourself and then proceed as you wish.

Mr. MURRAY. Well, my name is Philip Murray. I am the president of the Congress of Industrial Organizations.

The CHAIRMAN. Yes.

Mr. MURRAY. Mr. Chairman and members of the committee, we, in the C. I. O., have not been surprised or taken unawares by the appearance of difficulties relating to manpower. We were not surprised in the past when shortages of materials and other types of facilities in our war production appeared. We have urged and pleaded and fought, and today we urge and plead and fight for the kind of fully planned and integrated production organization that will gear every part of our economy into the war effort and avoid these recurrent crises by assuring the fullest use of all our resources, industrial and human, wherever needed and whenever needed.

At the very outset of this war the C. I. O. recognized and pointed out that this is not a war which has any parallel in past history. It is not a war which can be fought on a business-as-usual basis. It is not a war in which we can continue our national economy on the basis of its normal functioning in normal peacetimes and simply divert some part of its production to war needs.

The C. I. O. has constantly recognized and pointed out that we are engaged in a war which pits the entire forces of our people against our enemies. We are engaged in a war which pits our entire economic organization against the economic organization of our enemies.

The winning of such war requires vision. It requires the conversion not merely of some of our plants and some of our people to war production but the conversion of our entire economic and social structure to the single and important job of winning this war.

Through our industry council plan we visualized labor and management in every factory and mine and mill pooling their energies, initiative, and intelligence in a joint effort to discover immediately

the role of their joint enterprise in the single task that faces America today—the task of producing for victory. We visualized a nation coming to life with the recognition that there was no longer any room for private interest, for personal profiteering. Today, everything that this Nation has, its factories, its mines, its mills, its railroads, and its people, all of these are our resources for the one task that we all share in common—quick military victory.

Yes, I include our people—our manpower—as one of the resources which this Nation must organize and strengthen to win this war. It is not merely one of our resources, it is our basic resource. It is our people who are manning the guns and sailing the ships and flying the planes that are now carrying this war to every corner of the globe. It is our people who are manning the machines, mining the coal and the iron and the copper to turn out the guns and ships and planes. It is our people who are tilling the soil for food for the men at the machines and at the guns. It is our people at home and at the front, the fighting front, who are fighting and winning this war.

In speaking of these people Government agencies have come to use the misleading term "manpower." I say misleading because you cannot speak of these people simply in terms of energy measurement, like horsepower. These people do not simply press buttons or turn wheels or pull carts. Our people are planning, directing, thinking, and fighting. Our people are not merely another element in war production. They are the throbbing heart and living soul of our war machinery.

It is because our people are not merely automatons but are producing and fighting, it is because they know the purpose for which they produce and fight in this war—it is because of this that we can and must draw upon their resources not merely as automatons but as planning and directing and responsible men and women. It is because of our people's understanding of the nature of this war that we are able to organize them for victory on the basis of the concept that every man and woman, every factory and mill, are all part of a single fighting machine, and all have the privilege and responsibility of participating in the function of the machine.

In this kind of a fight every man and woman has a place. For some the place is the armed forces, for others the place is the factory, for others the place is the farm. For every one the place is where he or she can contribute most to the final product necessary for victory. The place is not where he or she can profit most.

By the same token, there is a contribution to be made by every factory and by every acre of farm land. That contribution is not the product which will bring the greatest profit. The contribution is the product for which the factory or the land is best fitted and which is most needed for the final victory.

We in the C. I. O. have recognized all of this and have urged that there be effective planning, coordination, and integration of every aspect of our economic organization. We have urged from the start that from the top to the bottom this integration and planning be effectuated through a real mobilization of all of our people, through real participation and coordination of the efforts of all of our groups, of labor, management, and farm organizations.

Instead we have been confronted on too many occasions with pressure for preservation of profits, for continuation of business-as-usual,

with jockeying for power and with compromise. This has had its evidences in the conversion of our industrial plants to war purposes. It has had its evidences in the development of serious shortages of vital materials. It is having its evidences even now in the plans for dealing with various shortages of materials.

We are faced today with the efforts of some groups to limit planning to one end of the productive process, and of other groups to confine our planning to other stages of the production process. Representatives of business, in Government and out, are still maneuvering, to avoid the fundamental need in our materials crisis—the need for planning of production and of materials distribution from raw material to finished product.

There is a grave danger that we will bring to the manpower problem the same kind of irresponsibility and planlessness that has characterized and is still characterizing—our treatment of the materials problem.

The manpower problem, as the President has pointed out, is not basically a problem of shortage. We have in this Nation an ample number of people to do the job that must be done. A nation at war never has a surplus or a shortage of people. A nation at war simply must and does use all of the people it has in the most effective manner possible.

The problem, therefore, as our President has so well put it, is the problem of getting the right people to the right place at the right time. In meeting this problem we have run into a number of difficulties.

In some instances, the difficulty has been created by the fact that our procurement agencies have allocated our contracts to factories located in areas where there were not sufficient people to do the job. New factories have been planned and built and have drawn manpower while existing convertible facilities with ready supplies of labor have been ignored.

In some instances the right people have come to the right place at the right time only to find that there was no place for them to sleep because adequate housing provision had not been made, or that there were inadequate facilities of transporting them to and from their work. Badly planned contract allocations have produced enormous concentrations in areas not equipped to handle tremendously expanded labor forces.

In some instances, we have not been able to get the right people to the right place at the right time because the industry involved has failed or refused to pay a wage which could enable the worker to maintain his health and function effectively. The nonferrous metals, textiles, communications industries are cases in point.

Our training programs have not been sufficiently coordinated with our production schedules to meet the needs for men with specific skills in specific areas or industries. We have not undertaken direct plant-by-plant inspection to enforce full and effective utilization of our labor supply. We have not organized and enforced effective plans of job simplification, upgrading, and training in industry.

In many instances employers are complaining of labor shortage while refusing to use the services of available Negro workers, or of aliens. The women of this Nation have been given little opportunity to participate in our war production—far too little compared with

the vast reservoir of potential skills among them. Employer prejudices are beginning to be broken down, but the job has just begun.

Uninformed, inexperienced local draft boards have withdrawn sorely needed workers in many areas. The boards are not to blame, of course. They were never organized to deal with complex industrial and farm problems.

All of these are aspects of our manpower problem as it is presented today. At the same time all of these are evidences of our lack of coordination and integration and planning in our war production.

Today some Members of Congress are rushing to the hoppers with proposals to draft labor, or to freeze labor on various jobs.

There has been much debate or discussion as to whether voluntary or compulsory methods are preferable. These bills and these debates have obscured the basic difficulty which runs throughout the entire manpower problem and throughout our war production program—the difficulty of lack of planning and lack of a unified direction.

It is sheer nonsense to speak of or debate a draft of labor if there is not enough housing to afford the worker a place to sleep in the area to which he is to be drafted.

It is sheer nonsense to debate a draft of labor if what we are lacking is training facilities to produce the necessary skills or planning which will produce these skills when they are needed and where they are needed.

It is sheer nonsense to debate a draft of labor to fill the labor needs of plant A if plant B next door has too many of the necessary workers but has failed or refused to organize its productive processes in a manner which will permit the release of the excess.

It is sheer nonsense to speak of drafting labor from city A to city B if our procurement agencies may tomorrow allocate new contracts to city A and thereby create a manpower shortage there.

It is sheer nonsense in short to fight about how we are going to get the right men to the right places at the right time until we have established a basic over-all planning which can enable us to know who are the right men and what is the right place and what is the right time.

I do not say these things by way of criticism of any person or agency. I refuse to become involved in any conflict over the merits of voluntary or compulsory methods. American workers can be relied upon to join in any move for the speeding of the production of munitions of war.

It has become increasingly evident, however, that there exists today no coordinated, planned program on the basis of which American workers may know precisely what is expected of them. The C. I. O. refuses to be drawn into controversy over nonexistent issues. This is a time for constructive thought and we came here with that in mind.

Today activities are carried on by a large number of agencies each of which have some effect direct or indirect on the manpower problem. The War Production Board, the War Department, the Navy Department, the Selective Service Administration, the Maritime Commission, the Labor Department, the War Labor Board, the Federal Security Agency, Farm Security Administration, the Department of Agriculture, the National Housing Agency, the Office of Defense Transportation, all are active.

Some are taking action which creates and complicates manpower difficulties. Others are supposedly taking action to meet the difficulties or correct the effects of the actions of the others. The Manpower Commission is superimposed to some extent over some of these. The Manpower Commission on the other hand is not itself an operating agency. It merely coordinates the confusion. It issues directives to minimize the conflicts.

It should be perfectly clear from our experience to this point, and from our understanding of this war as a war of total economies, that it is futile to think of manpower as an area set off from the production program, as something to which we turn our attention when our production policies create the problem.

We cannot continue to think of a manpower agency as a sort of emergency squad which waits for a crisis to develop in specific areas and industries, a crisis arising out of inadequate planning on the part of procurement or other production agencies. We cannot continue to deal with our manpower problem simply by rushing the emergency squad to the area of crisis only to find that the relief of the crisis in one area has complicated it in another. Neither in manpower nor in materials can we afford merely to proceed without plan from crisis to crisis.

On that type of foundation a discussion of a labor freeze or a labor draft is not merely futile nonsense, it is dangerous nonsense. If our manpower distribution today is planless and chaotic, a job freeze simply freezes chaos. If today, planless and haphazard voluntary migrations complicate our manpower picture, a labor draft simply means the power to compel equally planless and haphazard labor movements—chaos complicated by compulsion.

In the interests of a sound manpower program therefore and in the interests of sound production organization the C. I. O. is compelled to voice its flat opposition to the various bills already introduced in Congress for a manpower draft and to the various proposals which have been carelessly and unthinkingly put forward in the press and elsewhere for national-service legislation.

Now as in the past the C. I. O. calls for a fundamental and intelligent approach to war production organization. Such an approach would recognize our war enemy as an integrated whole which must be organized as such. Manpower is part of our production problem. A statement of the causes of manpower difficulties indicates that the solution must be found in contract allocation reforms, production planning reforms, integration of production planning with training and upgrading and job simplification programs, integration of production planning with housing programs and with wage stabilization programs, integration of the occupational deferment policy with the over-all manpower and procurement and production policy, and finally the fullest use of all our people, men and women, Negro and white, citizen and alien.

We must recognize that our need is the organization and distribution of our industrial resources and our human resources in the most efficient manner. Manpower, materials, factories, shipyards, farms throughout the Nation—these are all facts of the single problem of organization and planning. This Nation is no longer a conglomeration of unrelated industrial plants or groups of workers. Our mines

and mills and factories constitute a gigantic pool of productive facilities which must be coordinated into the single task of victory in the war.

Under unified and integrated direction, we must face the problem of allocation of forces on the one hand to the Army and on the other hand to production. On the basis of full knowledge of the needs of our armed forces our Nation can proceed to a full planning of its productive program. That planning requires the integration of our procurement, production, and manpower agencies.

At the top level, labor, management and all other agencies of the people must join in the planning of the most effective distribution and allocation of responsibilities. In every community and in every plant through labor-management committees, through industry and community councils, planning through labor-management committees through industry and community councils, planning must be carried out and applied to each individual, each plant, each area. In that application every man and woman may know his or her responsibility in the over-all plan—may know whether he or she serves best in the armed forces, or in production, or in training for improvement of skill. The local direction must be in the hands of the representatives of labor and management most familiar with local industrial needs. It must operate under coordinated leadership based on integrated military and production schedules.

With such a program of integrated direction and with full participation by representatives of labor and management, we can be sure of a plan that will be effective and we can be sure of full safeguards for the rights and needs of all groups. Safeguards of these rights are affirmatively necessary for war production. Out of sound planning and direction they will inevitably flow.

I have a concrete proposal to lay before this committee. The job that must be done is a big one and it must be done immediately.

Already there have been too many currents and cross-currents, pressures and counter-pressures. All of this is not having a good effect on our national morale. The atmosphere must be cleared at once while we go to work constructively to deal with our fundamental problem.

I propose, therefore, that this committee request the President of the United States to convoke within the next few days a conference of selected capable leaders, a conference to be attended by representatives of Congress, the Government, management, labor, and agriculture. I suggest that the President be requested to convoke this conference committee of the Nation to formulate plans for the establishment of the necessary machinery for the integration of our procurement, production, and manpower agencies and resources under a unified directing and planning body.

This committee has utilized its good offices in the same direction once before and has thereby guided this Nation toward a sound labor relations policy in this war. I now respectfully request that this committee once more utilize its good services in the interest of guiding this Nation toward a sound war mobilization policy.

Our Nation has come far since it first turned its attention to the problem of production for war. We have reached the stage in our armed conflict and our productive operations where we can no longer afford to delay the complete integration of our entire economic organ-

ization with every aspect of our war program—procurement, production, manpower—under unified, adequately planned direction and leadership.

The CHAIRMAN. Mr. Murray, in your reference to this projected conference, your allusion to the labor conference, that was the Industry-Labor Conference held last January?

Mr. MURRAY. That you promoted; yes, sir, Mr. Chairman, and that your committee succeeded in bringing about.

The CHAIRMAN. I think out of defense of the committee, Mr. Murray, I ought to state that we attempted to initiate a manpower movement when the slogan of 50,000 airplanes was first made back several years ago, the idea being that men and machines were part of the productive activity and you cannot get one without the other.

I think that we have struggled with these various problems of—let us put it in as big terms as we can—turning our country from a country of complete and unhampered free enterprise—that is about as broad as I can make the statement, but it has never been quite that—to a country of rather rigid control of some kind, and that is too narrow, but that control is forced upon us by the standards of war and the standards of competition by opposing nations.

Probably in the history of our country, we have never had to bridge quite as big a gap, and the best thing about it all has been that we have succeeded best when we have carried on the greatest of all democratic methods, that of deliberation before action, and deliberation and action with a plan before you start work.

Get a plan and work the plan, to put it very, very simply. If we continue to realize in America the number of factors related to practically every accomplishment and never lose sight of where contributions can come from, we will succeed in this great aim.

Another thing I want to say right here, Mr. Murray, since you have given me the chance, is that we ought not to be frightened of techniques if techniques are properly controlled.

Now, that is a rather hard thing to explain, but if your enemy uses a rapid-firing gun and you are opposed to the use of the rapid-firing gun because of some philosophy, you will never overcome your enemy until you can get rid of that particular philosophy; you will never overcome your enemy before you are willing to use and meet him with the same kind of rapid-firing gun. This war is a contest, and you cannot curb yourself by refusing to use a technique which the enemy is succeeding in.

Mr. MURRAY. I wonder if you will make a statement about the Tolan-Pepper bill, if you can? Do you, in general, favor it?

Mr. MURRAY. I should say I do. In principle I do favor it. I might add that I believe the paper which I have presented to the committee here, in substance, favors the application of the fundamental principles set forth in the Tolan committee report.

I have elaborated upon these ideas by suggesting that we follow through from an integrated administration of the entire war economy into this conference, so that the intelligence of each of the groups must be applied constructively toward the development of the details incident to the proper administration of the plan.

Now, I have this in mind, too, Mr. Chairman, and I think it is well I should pose it for the committee's attention at least. The mobilization of manpower as suggested in some of the bills now in

the hopper over here in the Federal Congress is extremely dangerous. I mean some of those bills are extremely dangerous in that they comprehend, perhaps for the first time, at least for the first time in my lifetime, a universal conscription of all the people, all the people gainfully employed in the United States of America or a universal regimentation.

Now, certainly this great, big democratic country of ours has never ventured into the field of regimentation before, universal regimentation. It apprehends danger, danger of a character calculated to disturb the morale of the people of this country, because of the rush, the unthinking rush of some people toward universal conscription or regimentation. Labor is apprehensive about these things, because where they have resorted in other countries to the voluntary process—and I speak now with particular reference to Great Britain, the manpower mobilization there, because of labor's importance to the entire war economy, the Government said to labor, to a great leader of labor, "Here it is. It is for the administration of national selective service, and the manpower problems of the United Kingdom."

Rules were set up to protect the fundamental rights of the people, such as health, transportation, seniority, housing, wages, and all of those were factors that were given ample consideration in the manpower mobilization plans of the United Kingdom.

Now, no bill that has been pressed over here has provided the slightest consideration to the human values in this situation, the rights of the individual, the man, the woman, and the child dependent upon that man and woman.

So I say if we are going to talk about intelligent manpower controls and regulations, we should do so after we have met, talked it out, and arrived at some constructive understandings as to the methods that should be used in its application and administration.

My thinking in that regard conforms itself substantially to the kind of thinking that prompted the Tolan committee, after its lengthy investigation, to submit its report.

The CHAIRMAN. Any questions, Senator Rosier?

Senator ROSIER. Just one or two questions I would like to raise.

I think we all agree that any manpower program has for its objective the maximum of production, the utilization of all the facilities, and the power that we have. Now, General Somervell, who seems to be the head of the Procurement Division of the Army, before a committee here the other day made the statement, as I read the statement, that thousands of small plants in the country would have to be liquidated, that we were in a war and the right of small plants and small business would have to be disregarded and those people would have to be liquidated and thrown out of business. He made the statement that, even so, we utilized the facilities of all the small plants that we have in this country, they could not provide more than 20 percent of the production that is required; the whole theory being that this war production should be centered in a few large industries and in a few communities.

I was impressed with the thought you brought out there about the location of these plants. I know of one plant today that might have been located near a city of 1,000 population, where housing and labor would have been available. Instead of locating it there, it was located a few miles from a village of 2,700 population. It is a large ammu-

nition plant, and today there is all sorts of trouble about labor, about housing, and about living conditions. I do not agree with the idea that we should liquidate thousands of small businesses and plants in order to secure our goal of production.

I would like to know what you think about that, Mr. Murray.

Mr. MURRAY. Of course, Senator, my prime interest in this situation is securing the goal of production to meet the vital needs of our country in winning the war. I join with you, however, in stating that there have been definite discriminations in the allocation of this business. I can point an example to this committee, a rather very astonishing example, where a large corporation succeeded in acquiring a loan of approximately \$38,000,000 to build a new plant for the manufacture of armor plate. This new plant was to be built in an already crowded city where housing was a definite problem.

In the meantime, a plant some 700 miles away, contiguous to another city, that had given employment to 3,000 or 4,000 people, was closed down. The workers were disconsolate and discouraged because they had been thrown out of work. The owner of that plant came over here to the city of Washington.

He said, "I have the facilities; I have the plant. You give me any kind of job to do in the field of war production and I will try to do it."

Well, he could not get it. It took weeks and weeks, and months, and then finally one day the Government loaned him \$15,000,000 to convert his plant from the kind of plant it was to produce armor plate. It took him exactly 60 days to convert that plant into an armor-plate plant. He got \$15,000,000 and the amount of armor plate that he is producing is equivalent to the amount of armor plate that will be produced at the \$38,000,000 plant, the same tonnage, the same weekly, same monthly, same annual tonnage. He completed the execution of his job in 60 days. The new plant, which was given the larger loan, is still under construction and will not go into production until next March.

Now, that reflects not only discrimination in allocation but wanton extravagance in the expenditure of the people's money.

Senator CHAVEZ. And lack of intelligence?

Mr. MURRAY. And lack of intelligence and lack of proper planning.

The CHAIRMAN. May I add one, too? And lack of appreciation of manpower, which is the thing you are talking about.

Mr. MURRAY. I agree with you. I will get back again to the point that the Senator raises here. There is no leader of labor anywhere in the United States that has traveled more down into the War Production Board to protect the interests of the small businessman than I. I have watched their plants, their facilities, and their ingenuities being cast to the wind.

While the small businessman is going out of the picture, greater monopolies are being created from day to day. Interesting revelations with regard to the allocation of contracts reveal that the war itself is creating bigger and bigger business.

Senator CHAVEZ. What we are trying to do is not effective.

Mr. MURRAY. That is the point, Senator. If it brought more effective production, a bigger production, a better production of essential war goods, then the community perhaps could not complain, but in most instances, where the little fellow has been driven to the wall, our organization has discovered that he has been driven to the wall as

a result of the discriminations that have been exercised against not only the small businessman but the country, the country itself in its war effort.

I say that any kind of committee that wants to give intelligent thinking to the problems of production and the expeditious winning of the war through accelerated production will necessarily have to give a consideration to it that will protect the little businessman who has the facilities, the plant, and the equipment, and who is prepared to do this job.

Senator CHAVEZ. Thereby utilizing the manpower that they are talking about.

Mr. MURRAY. Thereby utilizing the manpower necessary to win the war.

Senator ROSIER. And that should be required even if it causes some inconvenience to the big fellows who have the contracts?

Mr. MURRAY. Yes; if it should cause some slight inconvenience there.

Senator ROSIER. I think you have here one of the most important phases of the manpower problem for the whole program of production. You have got one group of people mostly in the Army, the War Department, who hold that only the big concerns can produce this stuff, that the small plants haven't the facilities to produce and, therefore, they must be liquidated and put out of business. As it has been brought out here, not only do the large plants fail in production, but they may create labor and housing situations that are intolerable and impossible, whereas, if through care and thought this production was distributed among all of these small plants we would really accelerate the program of production.

Mr. MURRAY. Unquestionably so.

The CHAIRMAN. Do you have any questions, Senator Chavez?

Senator CHAVEZ. I understand Mr. Murray's position, and I agree with it.

Mr. MURRAY. Thank you.

The CHAIRMAN. Thank you, Mr. Murray. We appreciate your coming.

President Green.

STATEMENT OF WILLIAM GREEN, PRESIDENT THE AMERICAN FEDERATION OF LABOR

The CHAIRMAN. You may make what preliminary statement you wish and then proceed, President Green.

Mr. GREEN. Mr. Chairman, and gentlemen of the committee, the American Federation of Labor recommends that industrial conversion and manpower allocation should be in the hands of civilian public officials operating in the interest and the welfare of the whole Nation.

We believe that some powers must necessarily be delegated to the administration for war purposes, but that civilian executives should continue to administer production and manpower, for their training, their methods and their objectives will be in accord with the enduring purposes and welfare of our democratic ideals.

A democracy that goes to war must strengthen and support its military forces and it calls upon its citizens for cooperation. Free citizens do not have to be forced to defend free institutions. They

can be mobilized on a basis of known need. Give them the facts and they respond. Absence of compulsion in a democracy does not mean absence of planning and regulation. It means a representation of those concerned, helps make the plans which they are then obligated to follow. The federation has insisted upon the right of representation in war agencies because the right policies effectively administered would help win the war. We know that unless there is the morale to fight throughout our war industries, men on our fighting fronts will be let down. The keystone of morale in both the production and the combat front is confidence that our war program is well organized and ably and honestly administered. The mass of the citizenry have had some degree of experience with organization. They know the essentials; that authority must be clearly and explicitly delegated, with clear lines reaching from the top to every administrative level, and that responsibility should be centralized in a top agency or official through which all related activities are coordinated.

In considering this situation the federation at its convention, which you know was held just recently, declared that our national war effort is being seriously hampered by the absence of a top coordinating board to make final decisions in interagency matters to which final authority should be delegated.

We recommended the following measures to coordinate the war program under this board:

(1) Centralization and definite delegation of responsibility for all procurement to the Chairman of the War Production Board who shall in reality be the Administrator of War Supplies for the armed forces. Centralization of procurement is necessary for planning contract policies, planning production, and scheduling and planning materials and flow of production.

(2) Control over all manpower in the Chairman of the Manpower Commission with an end to recruitment by the Army and the Navy.

(3) That the Secretary of Agriculture be made Food Administrator.

(4) That all rationing be administered by the Director of Economic Stabilization.

(5) That the Director of the Small Industries Corporation be given status and authority if necessary to enable him to conserve these small industries and undertakings which are the backbone of our American economy. Under the centralization of procurement provided by our first recommendation the Director should have authority to allocate contracts or subcontracts to small companies so that their production facilities might be best utilized in the war effort. This agency should also participate in the concentration program for which controlling policies should make labor policies a fundamental consideration.

Now, those are concrete definite suggestions.

This policy recommended by the Federation accords with the fundamentals of S. 2871. We need definite grants of authority to a top board which shall be our strategy board with clear straight line of authority extending to the agencies coordinated. Straight clear lines are essential to the agencies coordinated. Straight clear lines are essential to eliminate duplication and evasion of responsibility. Only when responsibility is definitely allocated and the war program is coordinated will it be possible for the Government to plan its war-production program, to allocate supplies, to set up schedules for flow of materials.

With regard to the related subject, manpower, the Toronto convention of the American Federation of Labor, adopted the following recommendation of our committee on resolutions;

We, your committee stated in connection with the War Production Board, fundamentals of over-all controls and material production need to be developed before manpower can be intelligently planned and justly directed to places of greatest usefulness.

Workers who are asked to give up rights inseparable from personal freedom must be assured in return adequate representation of their own choosing and a degree of social security that will make up for loss of right to make personal decisions. Costs of travel to carry out employment orders and of moving families to new homes, should be borne either by the employer, the Government, or by both jointly. Equities in social insurance should be maintained intact.

When the United States Employment Service becomes the sole agency through which workers may be hired or whose approval is necessary to dismiss workers, then the union must maintain close relationships of cooperation in order that right to union membership must not be impaired.

We urge that our representatives on the Management Labor Policy Committee refuse to recommend employment control until the need is obvious, and until adequate provisions have been made to assure against misuse of control over employment.

Now, that was the considered judgment of the representatives of 6,000,000 members of the American Federation of Labor and that represents a pretty good sized army.

This expression, this declaration, was unanimously adopted by the representatives of these 6,000,000 workers at the recent convention held at Toronto, Canada, and I hope that that fact will be given very careful and serious consideration by the members of this committee.

The CHAIRMAN. President Green, may I stop you there for one question, please?

Mr. GREEN. Yes.

The CHAIRMAN. You mentioned, for example, that all rights in social security shall be preserved.

Mr. GREEN. Yes.

The CHAIRMAN. That is one of your platform statements.

Mr. GREEN. Yes.

The CHAIRMAN. Now, may I use that statement to illustrate a point that I would like to make. You attempt to put that statement into law and guarantee the rights of individuals as you move out into law you get into the sphere of limitation, and you find in the working out of the law, the very persons you are trying to protect will be left outside.

Now, if we could bring about an informal agreement, like we did in the Industry-Labor Conference, for example, that no matter what is done, the social-security rights will be protected, then if the man belongs to a railway union and has his social-security rights through one organization, or if he belongs to private industry and has social-security rights through the private industry organization, and it is understood by everybody that if a man is shifted from his job he carried with him all that he has earned and all that he has gained, he hasn't recourse to law, but he has a bigger and broader protection, a decision made by himself through his own representatives.

Now, should we not proceed to find four, or five, or six great fundamental principles that could become pronouncement, not of government, but as a guide to government, pronouncement which would be preserved and which would be observed by the employer and the employee, and give that security in on a firmer basis, so there will not be

any question about that when a man is moved from one place to another, from one type of work to another? We can do that without legislation, and do it much more effectively, don't you think, President Green?

Mr. GREEN. Well, insofar as dealing with the employer and employee relationships in what we might term social security; yes. You have in mind, I think, seniority rights.

The CHAIRMAN. Yes, sir; everything that a man has.

Mr. GREEN. That is a man might have earned.

The CHAIRMAN. Yes.

Mr. GREEN. While working in some factory or on some transportation line.

The CHAIRMAN. Regardless of the association that he is associated with?

Mr. GREEN. Exactly.

The CHAIRMAN. Maybe it is a school teachers' union, or maybe it is a retirement plan.

Mr. GREEN. If he is moving from one place to another, that an understanding is reached that all the seniority rights he earned while working over here [indicating] shall go over there [indicating] with him. I think that is what you have in mind.

The CHAIRMAN. Yes.

So that that question is out of the pale of any discussion.

Mr. GREEN. Yes.

The CHAIRMAN. It is understood, if John Doe has an equity of \$500 in such-and-such an organization, no matter where he goes or where he works, he will retain that equity, and it will not be upset.

Mr. GREEN. Yes.

Senator CHAVEZ. That illustrates the point the first witness made, where he said conductors or engineers or other workers of one particular railroad were kept as a surplus, and there was a shortage of that class of workers on another railroad, but they would not release them unless they gave away all their equities.

Mr. GREEN. Yes. That is very important because a man earns that through years of services in some position for one employer and usually these seniority plans and seniority rights are questions that have been settled between employer and employee in their collective-bargaining relationship.

Then there comes, perhaps, sometime, that accident protection, for instance which has been locally worked out between employer and employee as well as unemployment protection that is afforded to a worker through the creation of a retirement fund to which joint contributions have been made. A man will hesitate for a long time before he leaves his job over here [indicating] surrendering all those rights for the purpose of going over there [indicating] and it would seem to be an injustice, a very great injustice if the Government, through the exercise of some compulsory power, would lift that man out of that position and compel him to leave there and surrender all these rights and go over to the other place, would it not? That is an act of injustice.

The CHAIRMAN. We have done that as well as we can do it, in law, and it has not done well, because it is not universal.

Mr. GREEN. Yes.

The CHAIRMAN. We have done it as well as we can do it in law for the soldier boy who is drafted, to take care of his mortgage, to take care of all of the equities that he has.

Mr. GREEN. Yes.

The CHAIRMAN. But we discover that all the time private Bill Smith is left out of this picture, because a law can never be so all-inclusive, you see.

Mr. GREEN. Yes.

The CHAIRMAN. Our problem as legislators is to come along and try to take care of the man whom we thought was covered but was not covered.

Mr. GREEN. Yes.

The CHAIRMAN. But if we could get a general pronouncement that that which a man has shall stay with him, then when you enter into your individual contract, that is not discussed any longer, that is one of the provisions of the contract.

Mr. GREEN. Yes. That is a question that is uppermost in the minds of the workers when you suggest compulsory service, and rightfully so.

Now, on the other hand, Senator, there is a question of accident protection and unemployment benefits and other social-security benefits that have come through legislation.

Now, we have found from experience that because of a lack of uniformity in the benefits provided for injured workers or the dependents of a killed worker, or in unemployment benefits through the enactment of State and Federal laws, a worker hesitates to leave and he stays where he is protected by workmen's compensations, unemployment benefits, and accident protection that guarantee to him a larger income than is provided for in another State.

For instance, if in a State like New York or Ohio, where the weekly benefits guaranteed in case of accident and the medical care and hospital care is greater and better and the family is guaranteed a larger lump-sum payment in case of the death of the worker, that worker will hesitate to leave this State where that benefit is and go to the State where the rates are lower.

The question that enters into that is the uniformity of benefit, accident protection, protection in the matter of unemployment and all of those things that enter into social security.

For that reason, we have introduced a bill here in Congress, as you know, to federalize unemployment benefits, to make them uniform, because, after all, there are some things we ought to apply in that way, and we are learning that now during this war.

We have philosophized about State rights and the Federal Government; the relation of the State to the Federal Government, but we have learned in the hard school of experience that some things about which we philosophized for a number of years, just do not work out right.

That means two things: One is to set up better standards insofar as accident protection, death benefit protection, and unemployment protection is concerned, and authority to deal with the seniority and other equities that have developed in the collective bargaining relationship between employers and employees.

Now, a lot of people in the service do not think about these things that enter into this question of compulsory service. It all enters in.

The CHAIRMAN. Men move sometimes into a given community when their children become of a proper age, so that those children could have the right kind of education.

Mr. GREEN. Yes; that is right.

The CHAIRMAN. Now they have an equity right there.

Mr. GREEN. Yes.

The CHAIRMAN. And that equity should be guaranteed them, if they are called to go into another place, because they are sacrificing the greatest thing that they are thinking about. That is the type of thing that we should get home to the people in regard to the manpower problem.

Mr. GREEN. That is right. I am glad you brought that out right now.

Now these declarations of principle by the Toronto convention are in accord with the report and recommendations of the House Committee Investigating National Defense Migration.

The proposal in this bill which the subcommittee is considering would create the necessary over-all agency necessary to coordinate your industrial war effort. The Office of War Mobilization headed by a director responsible to the President, would coordinate (1) Office of Production and Supply; (2) the Office of Manpower; (3) Office of Technological Mobilization; and (4) Office of Economic Stabilization.

With this clear-cut separation of function, responsibility, and authority, supplemented by coordination under the Director of War Mobilization, our war production and war management programs should move along more effectively and restore that confidence throughout the Nation, which is the heart of morale.

This basic reorganization is essential to planning and to producing the necessary war supplies. One office must have over-all responsibility for the whole national production program with allocation of supplies to meet production schedules and keep available inventories of material and production facilities.

Following planning for supplies and material production comes provision of the necessary workers. The scale of the present war calls for mobilization of national manpower under one head. Under this bill this responsibility has been delegated to one administrator responsible for directing the flow into industry, to the armed forces, for directing workers to those industries where they are most needed to meet current needs. Obviously he cannot even plan to direct manpower until he knows the programs of the armed forces, of war production, and basic civilian needs.

Selective Service should become an arm of manpower and should control all inductions. Enlistment under the Army and Navy should end.

The basis for effective direction of manpower is registration of all citizens for the purpose of knowing what persons can do what and where they are.

All males of the ages of 20 to 65 have been registered under the Selective Service Act. Tabulation of questionnaires giving their primary and secondary work skills resulting from the census, has been delayed by inadequate appropriations to the United States Employment Service. Under a still inadequate deficiency appropriation the tabulation is under way, but could be expedited by adequate funds.

To supplement this information on male labor power, the United States Employment Service should register all women between the ages of 18 and 55, also getting their work experience and training. Adequate funds must be appropriated for this basic census.

We have never yet proceeded to register the women and to understand, through such registration, the available womanpower of the Nation.

It is a great reservoir of service, and it can be utilized in this war program just as it is being utilized in other nations.

With this information as a basis for operation and planning the Manpower Administrator would be in a position to plan for intelligent, efficient work. He would then be ready to seek cooperation of all agencies with such specialized manpower resources as the unions with their membership records and knowledge of work skills. By laying down the rules of operation and directing that all placements be handled by the offices of the United States Employment Service or agencies approved by it and clearing through its offices, the Manpower Administrator would be in a position to mobilize voluntary cooperation and direct workers to where they are most needed. Knowledge of war industry needs would provide the basis of deferment.

Now here are some facts. Yet to be drawn into the industries operating to supply public needs are 1,700,000 unemployed; 167,000 on W. P. A. war projects; 279,000 on non-war-work relief; 107,324 N. Y. A., and 150,000 on general relief.

The CHAIRMAN. What is the date of your statistics, President Green?

Mr. GREEN. Just a few days ago. These figures were very carefully assembled.

The CHAIRMAN. Where did you get them?

Mr. GREEN. Through the Government agencies.

The CHAIRMAN. And you assembled them yourselves?

Mr. GREEN. We assembled them from all that information supplied through these Government agencies.

As more men are needed for the armed services, they will be taken out of the labor force and women must take their places.

In addition to these surpluses many small companies are going out of business daily.

That is the point you touched on, Senator.

Many small companies are going out of business daily through priorities and otherwise.

Concentration orders are now in progress in the pulp, the printing, the stamping and enamelware, the furnace and the sugar industries—to give only a partial list. Workers who lose their jobs in these dislocations will be available for the expansion of war industries, wherever that may be. As men are drawn away for military service womanpower can be substituted and brought in.

Employers are still insisting upon special qualification for hiring. One large company is giving temperament tests. Some companies are unwilling to pay learners.

Senator ROSIER. Mr. Green, about that temperament test, I am interested in that. What is meant by that?

Mr. GREEN. Senator, it means are you a sort of submissive mortal without any spirit and ambition.

Senator CHAVEZ. Do they prefer that class?

Mr. GREEN. How is that?

Mr. CHAVEZ. Do they prefer that class?

Mr. GREEN. Yes; that is about it. We bring these learners in to be trained, and they object to paying these learners, notwithstanding the fact that they are giving service in the plant.

Some companies, like copper companies, insist on hiring at the gate and giving health examinations regardless of the hazards. Many similar conditions and stipulations are a part of so-called labor scarcity.

At the end of the first quarter of 1942, 58,000,000 were in the labor force, private and Government employment, including the armed forces—45.1 millions over 14 years of age were not in the labor force—of those 8.3 were males and 36.8 females. The 8,000,000 males may be broken down as those in school, those unable to work, those in institutions, those very old, with only 1.1 million in the age group 20-44. The nearly 37,000,000 women may be classified as follows: 29.8 millions, homemakers, more than half of whom are between 20 and 44 years of age; 4.1 million in school; 2.4 million unable to work; and 0.5 millions in institutions. Obviously we must look to the homemakers for recruitment for industry, and we must plan that recruitment so as to provide care for children during the mothers' absence, and so to prevent interference with the home as little as possible.

When all these surpluses are absorbed the machinery of the labor market organized for efficient operation, when war production is organized to anticipate its needs, the American Federation of Labor stands ready to help develop the rules under which workers shall be directed from employment less essential to national needs to those jobs which are more essential. When the Government takes the responsibility of directing workers to jobs which they must take the Government must be prepared to assure these workers uniform social security equities, with adequate compensation and rehabilitation in case of industrial injury, to pay the costs of transportation and moving costs of workers and families, and to assure workers that employers will not be allowed private profit from the suspension of their rights.

That is what I mean regarding accident protection—death benefit—and the death rate, Senator, is shockingly high.

The CHAIRMAN. And getting higher all the time.

Mr. GREEN. Getting higher. As to the accident rate, we have lost more time, more days' work, through accidents and death than we have through local strikes.

Now, then, some plan should be worked by which the Federal Government would bring about uniformity in this social-security protection. So that a man leaving a progressive State where the benefits and protection are higher and going to one where they are lower, the difference will be made up by the Federal Government.

It is a simple and just plan.

We know full well what employment control will mean in terms of human freedom and shall expect the right of representation in making these decisions which formerly were our exclusive prerogatives.

Because we know the issues of this war we are ready to make sacrifices when they can count for victory.

To grant more authority before there is need, or experience wisdom, and machinery for utilizing it, will but add to existing confusion and

discontent. To tie workers to their jobs, denying them the right of self-betterment while employers can make private profits out of this situation, is revolting to free men. There is much to be organized and put in order so that first we can achieve full voluntary cooperation.

Now, I have endeavored to present to you a factual statement and have refrained from engaging in any philosophical discussion of the subject here. I want to supplement that by saying that we are of the opinion that the suggestions the proposals made that labor should be frozen to its job is premature, that it is at this point unnecessary, because we have not exhausted the voluntary effort.

Now, somebody will say, "Well, what is the difference between men serving in industry and the soldier on the battlefield? If we conscript the man to serve on the battlefield, why should not we conscript the worker to serve in industry?"

It is very difficult to answer that statement.

We answer it this way by saying, "Yes, it is right, and when the time comes that it is necessary to conscript the worker for the purpose of serving an industry in order to win this war, we will support it."

The CHAIRMAN. President Green, there is no freezing of anybody in the Army, is there?

Mr. GREEN. No; that is what I was going to say.

The CHAIRMAN. That is the whole point?

Mr. GREEN. Yes, sir. And the preservation of the democratic process.

The CHAIRMAN. Surely.

Mr. GREEN. Now, we do not want to surrender all of the democratic process at once. We want to preserve, so far as we can, and so long as we can, the democratic process, the American way of doing things, and that is the reason we say utilize the voluntary plan to the limit. When the facts make it clear that it is necessary to resort to the other, then we will take that step.

Senator ROSIER. One of the most important principles brought out in the first statement, it seems to me, and that has a bearing on the preservation of democratic processes, if I understand you correctly, you particularly emphasize the fact that any system of control or regulation that we may have must be under civilian authority.

Did I understand you to make that statement?

Mr. GREEN. That is right. That is because we still want to preserve the democratic process.

Senator ROSIER. The most unfortunate thing that can happen to our democratic process would be to have military control of our economy.

Mr. GREEN. Yes.

Senator ROSIER. In the war production.

Mr. GREEN. Yes; that is right.

Senator CHAVEZ. But if I understood your statement correctly, if the time comes that it is necessary to go in in order to protect what you are trying to protect now, you would be willing to do that?

Mr. GREEN. Amen.

That has been our attitude all the way in wage stabilization, in a no-strike policy, in whatever steps were necessary in order to promote the war effort, and when it comes to the time that it is needed, when it is necessary that the workers of America must be forced to work here or work there, in order to win this war, we will go along with

that program. The trouble is, we do not have the picture before us. We do not even now know the available labor supply. It is short in some remote sections and it is plentiful in some of the industrial centers.

Now, the question of how many are here [indicating] and how many are over here [indicating] is one that cannot be answered because the facts have not been assembled.

Now, as I have pointed out the registration of the available woman-power of the United States has never yet been undertaken. We do not know what it is.

Senator ROSIER. Whenever that time comes when we must set up an over-all supervision, all of the factors involved in production should be represented in any plan that is adopted, or any plan that is carried on.

Mr. GREEN. Oh, yes. That is fundamental.

The CHAIRMAN. There is nothing revolutionary in the statement that a man must serve when the time comes that he can serve.

Mr. GREEN. No.

The CHAIRMAN. Some of us were born in States where the minute we become 18 years of age, we are subject to call for military duty. In a great emergency, the mayor may call upon all citizens to help him.

Mr. GREEN. Yes.

The CHAIRMAN. You see, we are frightened by words. Words keep us from thinking straight, because we are frightened.

Thank you, President Green.

Senator ROSIER. I just wanted to make one observation in regard to President Green's statement about the protection of small industry.

Mr. GREEN. I dealt with that definitely and concretely.

Senator ROSIER. I just want to compliment you on that. I think that is a very fine statement.

Mr. GREEN. Thank you. We have gone into that very exhaustively over in our research department, Senator, at our headquarters. We have gone into that very extensively and we have got a lot of detailed information on it.

The CHAIRMAN. It is in harmony with the strivings of another subcommittee of this committee.

Mr. GREEN. Yes, sir.

The CHAIRMAN. We appreciate it.

Mr. GREEN. Thank you very much.

The CHAIRMAN. Thank you, President Green.

Mr. Patton, please, and Mr. Lincoln. We will take the two witnesses together.

STATEMENT OF JAMES G. PATTON, PRESIDENT, FARMERS EDUCATIONAL AND COOPERATIVE UNION OF AMERICA, AND MURRAY D. LINCOLN, SECRETARY, OHIO FARM BUREAU, COLUMBUS, OHIO

The CHAIRMAN. Will you give your names, please, to the recorder and whatever information you want about yourselves to appear in the record?

Mr. LINCOLN. My name is Murray D. Lincoln, secretary of the Ohio Farm Bureau, Columbus, Ohio.

Mr. PATTON. My name is James G. Patton, president, Farmers Educational and Cooperative Union of America.

The CHAIRMAN. Mr. Patton, will you proceed then?

Mr. PATTON. Senator Thomas and Senators, the National Farmers Union wishes to wholeheartedly endorse the Tolan-Pepper resolution or bill and the Tolan committee report recently made on the whole war production and war prosecution problem.

In agriculture, manpower has been an increasingly difficult problem. Since last spring particularly, it started to get acute. This was largely due to an inadequate agricultural manpower policy, of which an inadequate draft policy has been an important part, particularly as it relates to the working, family-type farmer and his activities.

We feel that blanket deferment on a dependency basis is an inadequate approach to the draft policy, and that occupational deferment might come into the picture rather rapidly.

There has been great inadequacy in manpower machinery and policy in agriculture. It has been rather badly divided. The lack of integrated over-all planning between Army, industry, and agriculture requires, among other things, that we must have a central manpower agency, as the Tolan committee report points out, but the need of integration with production, fiscal and price policies is also a part of the total approach because we cannot settle the manpower problem in agriculture until we have done so for the whole economy, and that requires a complete integration of all the other factors, we feel, in the prosecution of the war.

We strongly feel that there is great need for central direction of our war economy, or the mobilization of the war, and it would fall under the three basic heads of manpower, war supply, and economic civilization, as suggested by the Tolan committee report.

In applying manpower and these other factors to agriculture there are several basic needs. We feel, first, that there must be an over-all agricultural production plan, and we would like to urge a national conference in which State organizations of the various national farm organizations, representatives of the cooperative movement, and the representatives of the agencies of Government, particularly the Department of Agriculture, sit down and have a conference as to what we are to do on over-all agricultural production.

Not necessarily in the field of agriculture-production goals which have already been put in, but more in the field of what the agricultural policy is going to be in relation to production, particularly in view of the fact that in some instances, we are doubtless producing and using manpower to produce some products of which we may have a surplus or may not have as critical a need.

We also feel that application to need should have some guide lines in relation to the working farm family, and the basic agricultural policy of this country, insofar as it is possible to recognize the basic agricultural policy, and maintain a traditional pattern of the human situation in agriculture.

We feel further, once an over-all plan can be gotten under way, that the Secretary of Agriculture must have, and we have asked in various reports and statements of various committees of Congress that the Secretary of Agriculture must have wartime powers, wartime powers to put into execution previously adopted plans and plans which may later be adopted for the prosecution of agriculture's phase of the war.

The CHAIRMAN. That idea extends out of the—outside the sphere of manpower.

Mr. PATTON. Yes.

The CHAIRMAN. It goes into the sphere of crops and all agricultural questions.

Mr. PATTON. Yes; in that particular of course we feel that the over-all determination should be made by the manpower authority.

The CHAIRMAN. I understand.

Mr. PATTON. Once the over-all determinations are made, then the Secretary of Agriculture should have enough authority to execute those policies established by the overall manpower authority within agriculture, and that involves, not only occupational deferment, it involves an adequate structure for taking care of transportation of migratory workers and an adequate amount of funds for dealing with the problem of housing, of health and of wages, whether they are to be subsidized or whatever policy may be determined in certain areas, the relocation of crops, making an inventory of agricultural manpower supply as it relates to the farm and, in specific instances, how efficiently or effectively, it is being used in relation to the total objectives of agriculture's prosecution.

One of the most important things in relation to wartime authority to the Secretary of Agriculture is that he be given authority over allocations.

To illustrate what I mean, it is our feeling that war supply, if that were to be a new agency, or to use a present agency, the War Production Board, it should allocate, let us say, 100,000 tons of steel to agriculture, but that from there on, the Department of Agriculture and the Secretary should have the authority to make allocations in specific instances, rather than having it delayed by determinations being made in W. P. B. as to whether an agricultural plant shall be built in one area or another area, without as much relationship to agricultural production than the other factors as we feel it could have if it were in the Department of Agriculture.

Further, we feel, in relation to this whole problem, the integrated problem, and the authority to the Secretary of Agriculture, that this is absolutely no time for having another layer of administration in terms of a food administrator. We feel whatever over-all policy is necessary could be determined by a war-supply agency as suggested by the Tolan committee, but that so far as the total food program is concerned, that can be handled within the Department of Agriculture once the over-all supply policy is established.

The Department has the "know how," they will have the responsibility for getting production, and they also have the relationships, the direct relationships, with farm people, and have a considerable responsibility in connection with lease-lend, and the gathering of food for the direct war effort.

In addition to that, we feel that there should be some authority certainly for the rationalization of food distribution. By that I mean, we should, in all of our considerations, discover some means by which we can lower the cost between the farmer and the consumer.

The CHAIRMAN. Are there any questions?

Senator ROSIER. I think not.

The CHAIRMAN. Mr. Lincoln, please.

Mr. LINCOLN. Senators, I came down here to learn and not to testify.

There is nothing that is disturbing us more at the present time in agriculture—and I have been connected with the Ohio Farm Bureau for 23 years—than the question of manpower. I think there is a growing recognition that we might have a critical food situation in 1943 unless something is done about it.

Now, we have had 2 or 3 years of good production. I think everyone is going to consider that that is going to continue, but it has been a long time since we have had as many favorable production factors as we have had in this particular year.

The thing that makes it critical this year is that the farmers are thinking in terms of whether they are going to have labor, whether they are going to have machinery, or whether they are going to have fertilizing materials.

They cannot wait until next April, May, or June to make up their minds. That is why this whole question is acute right at the present time. They want more assurance.

Now, I may be wrong, but it seems to us in agriculture that perhaps agriculture is the forgotten man in this whole manpower question. I am sure the farmers are going to do more than they themselves think they can at the present time. We hear much about farmers not producing, going on a strike and the like of that, but that is not true. The farmer who has got his boy in the Army is not going to let down, he is going to do more than he thinks he can, because the farmers are going to use family labor; they are going to use part-time labor from the factories and stores; and they are going to use children, but there is a limit on that kind of labor that a farmer can depend on.

There is a certain limited amount of skilled labor. We know we are going to be short-handed. We know we are short-handed now, and we know it is going to be more in 1943. We think, in all this manpower question, a certain irreducible amount of skilled labor must be assured to agriculture. You just cannot turn over a \$2,000 tractor or a bunch of high-priced dairy cows to anybody you can pick off the city streets, or you cannot just turn them over to the school children.

We think the most important thing we have got to do is to have an over-all survey of what the future food requirements are. We have certain production goals; we know the farmers are still producing a lot of stuff that we really do not need; we know that certain States are still apparently keeping labor-producing crops they do not need from going into States that produce the crops we do need.

Now food is as important as guns, ships, and ammunition. In fact, food is ammunition, as we see it for our Armies, our Allies, and our workers. I think that is the critical thing to find out, or some day we will find we have a hungry Army, and we cannot afford to have a hungry Army or a hungry industrial worker.

I certainly think before you start to freeze labor in any fashion, a voluntary democratic process ought to be given an opportunity. People are hungry to do this job, there is no question about that, as I see it. In the first place, they are not so sure as to what they ought to do; and there are so many questions, whether they are going to have the money, whether they are going to have adequate labor, whether they are going to have the proper allocation of farm machinery, whether they are going to have the fertilizer or not. All of those things from the farm standpoint, as well as the industrial standpoint, as we

see it, involve the allocation of manpower in all things, and we ought to let the farmer know about those things in order that he may also be able to do his job. We think there ought to be an immediate analysis of what are our food requirements. The requirements of the farmer in regard to labor, machinery, fertilizer, and so forth.

I certainly believe before anything is done we ought to have a combined meeting, as Mr. Patton has suggested here, of all the voluntary agencies, the farm organizations, the cooperatives, Government agencies that have something to do with this thing.

I think we need a more intelligent draft policy. I am getting letters every day from widows whose only sons are being taken to the war and from farmers who have 700 acres or 400 acres and who cannot get help.

Senator ROSIER. I would like to ask there, I think there is an amendment to one of our bills providing for a deferment of farm labor. Do you think that is practical?

Mr. LINCOLN. It seems to me for the time being, Senator, we should have further surveys as to what the available labor is there, and what is needed.

And, if we could have a period in which that could be done by some Government agency immediately, I think that would be a tremendous help.

I do not think we know yet.

Further than that, I have just heard—which literally scares me. I could not imagine that could be true—that some people have the opinion here that 50 percent of the farmers are just going to be taken off the farms, that we can literally industrialize agriculture overnight.

The CHAIRMAN. I think we ought to say here that in the Selective Service Act we are not unmindful, in passing that act, of at least two factors that are different from the Selective Service Act in the last war.

In the first place, no State was given credit for those who had volunteered; as the result, you were going in the same communities for your men, and, of course, they would be agricultural communities mostly where the quotas would be the greatest, and so many men were called in regardless of the fact that a good many men had already gone into the service.

Mr. LINCOLN. Absolutely.

The CHAIRMAN. I am giving this background because I want to ask you a question.

We attempted, in the law, to forestall that situation. The authority was left to the local boards, and whenever a person is shown to be a necessary man, that person has a right to consideration for deferment.

How often have you had access to this necessary man problem? Have you tried to work it out?

Mr. LINCOLN. We most certainly have. Please do not misunderstand me. I am not blaming anybody.

The CHAIRMAN. No.

Mr. LINCOLN. I just think the immensity of this job has not made an appeal to the proper people at the present time. There are many other factors involved. The farm boy, because, for some reason or another, farming has not seemingly been declared as important as industry, or some other things, the farm boy kind of thinks he should not ask for deferment. We have not done enough, I think, to impress

upon the farm boy that he is contributing just as much by staying at home as he is if he goes into industry or goes into the Army.

Then there seems to be great confusion between the States' draft boards and our local boards. Now the local draft boards are made up of substantial citizens, who try to do the job without pay, and with all these problems before them, they say, "The State told us that we have to get the number of men that comprises our quota," so they cut right across and just feel they must pull the men out.

All of that makes me think more and more. Not until I read the Tolan report, did I see anything but a lot of cross currents in doing a lot of things, different approaches from different people, all trying to do the best they know how. I do not think it is the integrated problem that we must have.

We have got to assure agriculture an adequate labor supply, and then we have got to convince the farm boys that they have to do an essential job there, raise their sights on that thing, and certainly raise their sights on the proposition that we must have the food.

The CHAIRMAN. How much does the average farm laborer receive a month?

Mr. LINCOLN. Well, that is another thing.

The CHAIRMAN. If the soldiers' pay now becomes \$10 a month more than the average farm laborer now in the wide world are you going to keep boys out of the Army when they can get all those advantages?

Mr. LINCOLN. I do not know, sir.

The CHAIRMAN. I am not complaining. I tried to be objective in this, but if we persist in always maintaining that the agricultural group in the United States is a preferred group that should not have any of the benefits, that should be outside the pale of these laws, as long as we persist in that, will not the agricultural group always just be a reservoir from which to get, and nothing else?

Mr. LINCOLN. I think you are right.

The CHAIRMAN. That is, you cannot go to a boy on a farm and tell him that he has to be happy on a farm, when he knows if he takes a job in the city, the State has a law to take care of him—the State will see he only works so much, the State will see that he gets nothing below a minimum wage, the State will see that he gets the right kind of education, social security, and all the rest of it, as long as you have a great group in our country saying, "We want to remain outside of the sphere of the State's protection and all State advantages"; how are you ever going to be anything but a reservoir from which you are going to be drawn whenever it is possible to take people?

Senator ROSIER. There is another side to that, too, that I just thought of.

Surely our farm, country, and village boys are as patriotic if not more patriotic than any other group that we have.

Mr. LINCOLN. Yes, sir.

Senator ROSIER. You have to look at it from their standpoint, that they love adventure as much as anyone; they want to get into this; they have an ardent desire to be of service to their country, and they are going to feel they have been denied certain privileges in the defense of their country, if we get up a system which will say that farm boys have to stay there and they cannot participate.

Mr. PATTON. Senator, it seems to me any order of work or fight in relation to a draft policy in agriculture completely misses one of the important points.

In the first place, there are those in agriculture who would like to have frozen the condition of a separate adequate supply of labor so that rates can be low; and, secondly, the hire of labor as such misses one of the most fundamental and important points in our whole policy in America, and that is the man who does not want to go to work in an industry, or does not want to go anywhere else, except he is patriotic, he will go to war, he does not want to go anywhere else; he wants to stay on his farm.

We have many instances, where, because of the present draft policy, on the basis of dependency, it will leave people in town running unnecessary businesses, while they will draft the head of a family, or the head of a farm household, and put him into the war effort.

I would like to make one comment on your remarks, and that is I think the quicker we come to a policy in America of universal social security and minimum wage levels in agriculture, the more quickly we are going to defend and protect the basic concept of agriculture, American agriculture, which is the family type farmer.

The family type farmer can no longer compete with peon wage conditions of the commercial farm operator who insists on making his profit largely out of the exportation of large pools of underpaid labor.

The CHAIRMAN. Dr. Weber has some questions.

Dr. WEBER. First, I would like to ask President Patton: Has there ever been a statement by the Department of Agriculture or by the War Production Board of what the food requirements of the war are, year by year, or for the next year?

Mr. PATTON. If there has been, I do not know of it. Like many other things, it comes in many pieces. We have production goals.

Dr. WEBER. Yes.

Mr. PATTON. Let me say I think—Secretary Wickard has striven hard to do an adequate job, but there again it has been one of those divided affairs where the Food Requirements Committee is made up of a number of different groups of people. Although a policy may be adopted in the morning by the Food Requirements Committee, to do certain things, in the afternoon it would be changed by the decision of another agency of the Government. As far as I know, there have been no over-all requirements published.

Dr. WEBER. I asked that question because it would appear that the establishment of food requirements is the first step in laying out a national agricultural production program.

The second question is: Do you feel that we have a national agricultural program at the present time that is geared directly to the war need?

Mr. PATTON. I do not, and for these reasons: No. 1 is that agriculture has not converted, any more than many businesses have converted, entirely to the war effort. We are still thinking in fundamental phases, so far as agriculture is concerned, price goals and basic crop agricultural industries.

By "basic crop agricultural industries" I mean wheat, cotton, tobacco, rice, and things like that. Although they are important factors up to a certain point, we are still thinking primarily in pieces,

and we are still thinking what we can do to continue the status quo in any instances in the matter of the basic-crop industry.

I am not charging the Secretary of Agriculture with that type of thinking, but there is too much thinking going on in that direction.

Dr. WEBER. Could you illustrate that on, let us say, cotton crop?

Mr. PATTON. I believe this year we are going to produce around 4,000,000 bales short staple cotton more than we need. I happen to smoke and use tobacco, but I think we can probably get along with less tobacco acreage in this country.

I am sure if given adequate credit for conversion, many wheat farmers could convert. We are now producing wheat in many areas in the United States where we could grow other crops.

I would like to say, however, there are areas in the United States where you cannot grow anything successfully but wheat.

The CHAIRMAN. Is not your problem there rather an economic problem?

You get an overproduction of what we call money crops.

Mr. PATTON. Yes.

The CHAIRMAN. It is inevitable unless you get some kind of control.

Mr. PATTON. That is the reason why we feel you must some day count in terms of manpower the 2,600,000 low-income farmers in this country.

So far, they haven't been counted in. They can do a job. In Arkansas they increase production in peanuts by 64 percent; 12 percent of the farmers, the low-income fellows on whom they could get a record, increased peanut production by 64 percent.

They were given credit, although the 12 percent did not cover nearly all of the low-income farmers in the State. We have not even begun to touch the manpower resources in the hills of Kentucky, and some of the border States where the land is worn out, with families who would still like to farm. If we have an adequate amount of funds, credit and a plan for doing it, we could bring the people into the so-called dairy areas and convert them from people who are unemployed and who are, at one time or another dependent on the good will and grace of government for even a livelihood, we could convert them into full-time 365-days-a-year producers.

The Department is doing some of that but they are hampered by a lack of funds, by a lack of over-all manpower policy and direction.

Dr. WEBER. President Patton, would you say then without the statement of food requirements, and without the establishment of a national agricultural program, we have not converted the agricultural economy in a large part to the war effort, and, because we have not got those plans for those conversion, we have not developed the administrative structure in the Department of Agriculture, or the Congress has not provided adequate enough funds to the administrative structure which exists there to convert the agricultural economy, and you are illustrating this particularly in the case of small farmers who have not received assistance adequate enough to put them into a converted position in relation to an agricultural production program?

Mr. PATTON. That is right.

Dr. WEBER. Now, the next question; you mentioned cotton, of which we are producing 4,000,000 bales more than the goals which are set forth, which is a case illustrating the lack of control, lack of conversion in the agricultural economy; nevertheless, we are furnishing labor to pick those 4,000,000 bales of cotton which we do not need.

This is a rather startling example of the fact that in some sections of agriculture we have a very large surplus and in other areas we have a shortage.

Mr. PATTON. Yes.

Dr. WEBER. Now, I am going to call your attention to South Carolina, in which the Government is attempting to enforce an immigrant agency law. South Carolina is a large cotton-producing State, short staple cotton, and the State officials deny that there is a surplus of agricultural labor there, while the Employment Service asserts that there is a surplus.

The question is: How can we have an intelligent manpower policy in agriculture unless we know definitely on the basis of planned—of plans, what crops we want to produce, what crops we want to curtail, and actually produce those we want to produce, and curtail those we want to curtail?

Mr. PATTON. As I stated in my previous testimony, it is absolutely impossible to set agriculture apart from the rest of the war economy, in the prosecution of the war, and it is absolutely impossible to set one phase of agriculture apart from the rest of agriculture, just the same as it is to pull apart the various phases of the prosecution of the war.

I feel a central manpower authority should have enough authority that they could do whatever is necessary in making available surplus labor supplies, and also in having something to say about occupational deferment in relation to draft policies.

Right there, let me say that a most excellent job in moving some of this surplus help—not from South Carolina—is being done by the Farm Security Administration, but instead of having \$200,000,000 we ought to have \$500,000,000 or even up to a billion dollars to do that job, not just to move him, but to provide credit for the relocation of the farm families and use them to the fullest extent.

Dr. WEBER. Let us take the policy just announced by Mr. McNutt, of the War Manpower Commission, in regard to the agricultural workers on farms that have 12 or more cows.

What would be the effect of that order upon farms that are diversified more or less, farm families that are self-sustaining, and let us say, have a certain number of chickens; they have four cows, six pigs, but they are not in a commercial position, they are not concentrating on pigs; they are not concentrating on cows, they are not concentrating on chickens, they are not commercial, they are self-sustaining; what would be the effect, under Mr. McNutt's order, on the manpower of self-sustaining family farms?

Mr. PATTON. In the first place, that whole concept is a concept which we think to be badly mixed up in our whole agricultural policy. It is a concept of placing the emphasis upon resources rather than on human beings.

Secondly, it is a concept that no one can do anything in this country but the commercial farmer who has his own capital, and yet I believe the figures will show that there are approximately 4,600,000 farm

units which carry the dairy cattle of this country. Of the 4,600,000 units, there are 4,000,000 farm units, approximately 4,000,000 farm units, which have less than nine cows, dairy cows on the farm. So you immediately by such a policy, give the emphasis first to the commercial type of producer and make it necessary for hundreds of thousands in my opinion, of small farmers who can produce some of the dairy production, to do one of two things:

(1) Either to enlarge their herd up to 12 immediately which is impossible for the great majority of them because they lack the resources again, or the credit, or disburse their herd or sell their herd for slaughter.

Dr. WEBER. What period of time was given them to make that change?

Mr. PATTON. I do not recall. Six months, I believe.

Dr. WEBER. I think it is 6 months.

Mr. PATTON. That was what was under discussion, 6 months.

Now, if we had an adequate policy, it might be that it is desirable to have 12 cows, but certainly we should provide, if necessary, the credit to get up to the 12 cows, and use a point system in addition to that, so if a man had 4 cows and so many hogs, so many chickens, by a point system, he could still share in the war production effort.

Dr. WEBER. Does the Department of Agriculture have either the funds or the administrative structure to carry out such an assistance plan?

Mr. PATTON. I think they have, within the Department, the know-how and the administrative structure can easily be created, if it is not in existence already. I would not want to say that they have or do not have the administrative structure, but they definitely do not have the funds.

Dr. WEBER. On the question of occupational deferment of farm workers, do you feel that the local boards can adequately fulfill that function of deferring people on the ground of occupation in agriculture?

Mr. PATTON. Definitely not.

Let me say here, I think working on a voluntary basis that the local boards have made a great contribution, and I have no criticism on a broad front of what those people have done, but they, in too many instances do not adequately understand the agricultural problem, nor do they have available at the present time the detailed information to make a determination, and with the pressure of a certain quota they get to the point where—again, coming back to this dependency thing—where they take right down to the bottom of the barrel, as far as they can go, and still be within the limit set up on dependency, regardless of what the economic or occupational need may be in the community.

Dr. WEBER. Does your organization support technically qualified occupational deferment boards?

Mr. PATTON. Absolutely. We have made a proposal that in each county a committee be set up for making a survey or getting some idea of what is necessary, composed of the county agent, the chairman of the county A. A. A., the county supervisor of the Farm Security Administration and two farmers, to make a farm-to-farm survey of the number of cows, the size of the unit, whether it is a one-man farm or a two-man farm, or whether they have labor and what the labor supply is; or what the requirements are on that farm.

That is only a beginning step. We think that that should be followed up with an occupational deferment committee within a county unit, or possibly on a larger unit basis.

Mr. LINCOLN. I think there is no over-all policy on that by which you could guide these local boards. They have done the best they can, but there has been no over-all policy to guide them.

The CHAIRMAN. There has been no over-all policy even in the last pronouncement of Mr. McNutt as to the 12 cows, has there?

Mr. LINCOLN. No.

The CHAIRMAN. If it were I, one of those cows would die on me on the way to the draft board; that is my luck.

Mr. PATTON. As I understand his order, Senator, it does not give any protection at the present time to the fellow who has less than 12 cows, except possibly the 6 months' protection, which will not help the great majority of them.

The CHAIRMAN. I ask the question for the purpose of seeing whether there has been this type of conference on manpower which might bring the right kind of directives to Selective Service in regard to a guidance to the boards in discovering the necessary men. As far as the law is concerned, it is all there. You do not have to change the law, it is there, and it is there in a splendid way, but it just has not been accomplished.

Dr. WEBER. The primary question seems to be whether or not you are going to freeze labor on the farm by some such method as the War Manpower Commission has just used in its order, or whether or not you are going to establish occupational deferment boards, recruiting and transportation policies for distributing or transporting agricultural workers from surplus areas to areas of shortage.

Mr. PATTON. I do not think the freezing will do it. If I were frozen on a farm, and I did not want to stay there, I would dry up every cow that the farmer had, and I could do it in very short order, and he would be glad to see me move on to somewhere else. There are many different ways. As the Senator pointed out, if you do not give some adequate standard of living to these people, and if you do not give some desirability in terms of staying there, the freezing will not do it any good, and that is not an approach to it, because we still have not done the over-all policy thing.

On the Selective Service Board you could put all of the different occupational reasons for deferment in, and you would still have a military approach to it, because too many local boards think in terms of the military being the only place for the prosecution of the war. We still think too much in terms of the 1917 war instead of 1942—the 1942 war in which our enemies took 10 years of careful planning and preparation, or maybe longer than that—and we still think we have to send them all off to the Army.

The farm people are just as patriotic as other people, and sometimes they are so patriotic that they want to rush off, as the Senator said, to participate in experience and also the feeling that the only way to win the war is by carrying a gun.

Dr. WEBER. One final question, President Patton. As I understand, both of you advocate a national conference?

Mr. PATTON. I do.

Dr. WEBER. And the farm organization does also?

Mr. LINCOLN. Yes; and the Government agencies.

Mr. PATTON. And the State organizations.

The CHAIRMAN. Would you go so far, instead of having a conference on the agricultural part of it, would you go so far as to attempt to have agriculture represented in the type of conference that Mr. Murray suggested, a manpower conference, rather than an industrial conference?

Mr. PATTON. I agree thoroughly.

Mr. LINCOLN. We could get together, and then the next step would be to join with labor and industry.

The CHAIRMAN. To try to promote an idea again, there are enough general factors that would cover all phases. If we could get some pronouncement on those general things, then it starts from there.

Senator ROSIE. I am impressed with your statement about those other 2,800,000 low-income farmers.

Mr. PATTON. 2,600,000. That depends on where you break it, but we use 2,600,000.

Senator ROSIE. 2,600,000. Now, with the proper equipment and facilities they could produce a great deal more, could they not, that 2,600,000?

Mr. PATTON. Yes.

Senator ROSIE. Is their low income due to sterility of the soil, or their own incompetence, or lack of equipment, or what?

Mr. PATTON. It is a complicated set of factors, Senator. In many instances, it is too small an economic unit, considering the condition of the soil, that is, it is poor soil and it is too small an economic unit. In many other instances, it is a standard of living which is so low that their health is way down, and people who are lots of time called lazy are really sick people.

Third, in many instances, they are in areas where they cannot produce.

Fourth, there are a few—I will not admit there are many, there are some who would be better qualified to be in something else than farming. There are some who would do a better job who would begin with working in a good area for some family-type farm and getting the experience in a new area. It is a very complicated problem, but along with that is a great lack of credit. He cannot pay a 20-, 30-, or 40-percent credit cost for small loans. He cannot have things operating against him in terms of charges for not only rent but for the supplies and possibly do a good job of production and an adequate job of production.

Dr. WEBER. Mr. Patton, one other question: The national conference of which you are speaking, did you conceive it in terms of giving an impetus to positive planning?

Mr. PATTON. Definitely.

Dr. WEBER. The positive development of an agricultural production program?

Mr. PATTON. Yes, sir.

Dr. WEBER. Or were you conceiving it in the terms in which Mr. Murray and Senator Thomas were thinking, a conference which was to establish certain rights, protect certain rights, rather than in terms of a positive planning of a production job?

Mr. PATTON. I think first, that farmers have demonstrated adequately over the last several years their willingness and ability to democratically discipline themselves. I think we are all coming in for a

period in which we must expect to democratically discipline ourselves. I think the essence of the conference should be guiding ourselves into broad plans for the prosecution of the war, of which agriculture's phase would be production and distribution, and I think further that the personnel of the conference should be made up, not only of national farm leaders but of State farm leaders and of farmers from various areas of the State, not too many of them, because you would have a problem of size. So, in my own instance, I would feel much better if we had representatives from the various States in which my organizations could participate in such conference than having to assume the responsibility for myself. The cooperative movement which has been largely counted so far in the war effort, should be counted in such a conference. We have been counted out because we did not have the money and technical staff to go down here and get men on the inside of W. P. B., and we have been on the outside watching the rat hole to see if we could have some of the contracts, which we could have handled, and we certainly should count the cooperatives in in this conference.

The CHAIRMAN. Thank you, gentlemen.

The committee will stand in recess until called by the chairman.

(Whereupon, at the hour of 1 p. m. the committee recessed subject to call by the Chair.)

INVESTIGATION OF MANPOWER RESOURCES

MONDAY, NOVEMBER 2, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to call, at 10 a. m., in the committee room, Capitol, Senator Claude Pepper (chairman), presiding.

Present: Senators Pepper (chairman), and Hill.

Also present: Dr. Robert K. Lamb and Dr. F. P. Weber, special assistants to the committee.

Senator PEPPER. The committee will come to order.

We have the good fortune to have Monsignor O'Grady with us this morning, and we would be grateful if he would give his name and identify himself and then make such statement as he would be good enough to make on this general subject of manpower and winning the war.

STATEMENT OF MSGR. JOHN O'GRADY, SECRETARY OF THE NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Monsignor O'Grady. Rt. Rev. John O'Grady, secretary of the National Conference of Catholic Charities.

The statement that I want to make this morning has been based on my contact with certain areas in the United States having large pools of agricultural labor, and also with sections of the United States in which that pool has been used in the harvesting of our crops this year.

I want to make reference to the methods used in mobilizing that supply of agricultural labor, and then later I want to make some observations in my contact with the war-industry centers, various war-industry centers in the United States, and the methods used in mobilizing labor in those centers and the relationship of our present War Manpower Commission to that situation.

Now first, in regard to agricultural labor, I have been interested for some time past in Mexican labor in the United States, and the use of Mexican labor in our harvesting of our crops in California and south Texas, and then in Colorado and Michigan.

During this past 4 months I have had considerable contact with Mexican labor in California and in south Texas, and, in the past 2 weeks in the beet fields of Michigan.

And then I have had contact with another large supply of agricultural labor, and that is in your State, in the Everglades of Florida, last April, and I followed that same labor supply into New York in the past month, and I have seen what it has meant in the harvesting of the crops in western New York.

Now one of the things I want to emphasize in connection with that agricultural labor situation is that we have not developed any machinery for the mobilizing of our agricultural labor supply, and therefore we do not know, for instance, the extent to which we have shortages, they are based mostly on guesses.

The United States Employment Service has had very little contact with agricultural labor. In some States, in Texas, for instance, it has had some contact. I talked to the Employment Service people in south Texas in April; I moved around among the Mexican workers in the lower Rio Grande Valley, and, of course, they were trying to decide then what they should do about going north. The beet-sugar growers from Colorado and Michigan were in there at that time trying to recruit Mexicans for work in the beet fields of Colorado and Michigan.

The Employment Service in Texas had had some contact with them, but, of course, as they pointed out to me quite frankly, "After all, our contact is just a local contact, and there isn't any contact," they said, "we don't know about the needs for labor in Michigan and in Colorado. We have a contact through a clearance system, which doesn't clear, and we just don't know, we are just one link in a chain and we don't just know about the situation in the North." That is the way they felt about it.

The representatives of the growers of the association, of the Great Western Sugar Co. and the Michigan Sugar Co., were in there at the time, and I had a chance to talk with them, and I have had many chances to talk with them since that time. There was a question in Texas at that time as to how many workers they took out of Texas and moved to Michigan and Colorado, and at a meeting that I had, held in San Antonio at that time, the Mexican consul told me that he thought they had taken 40,000 Mexican workers out of Texas.

The Employment Service here told me they thought about 19,500.

I think probably the Mexican consul's figures were closer to the truth. There was a great deal of complaint at that time, as there has been for years past, in Michigan and Colorado, about bringing Mexican workers too early, bringing them up before there was any work for them to do, and then, of course, the question of taking care of them in the meantime came up. They had brought them quite early this year also, and some of them came in early May and some of them came in April.

Now, if plans had been made for the use of that labor at an earlier period in cultivating the crops, you would have a different story. But the tradition has been, you see, that the Mexican just cultivates and harvests the beets, and he doesn't do any other work because the farmers had all the labor they needed for their other work. That has been the tradition in Michigan and Colorado.

There was that complaint this year also, as you have had in years past, about bringing the Mexican workers too early, and, of course, the sugar growers advanced them some money to take care of them until such time as the crop was ready for the first thinning in early June, depending, of course, a good deal on the weather and the blocking in June.

And, of course, you had the weeding in August, and the Mexicans in the meantime were supposed to lay by; and then they were supposed to lay by, as they put it, between August and October, when they began the harvesting of the beets.

I wanted to get a check on the way that had worked in Michigan; how the situation had developed in Michigan in harvesting the beets this fall. So I went to Michigan about 2 weeks ago, and I spent about 5 days in Michigan moving around among the Mexican workers in the beet fields, and talking to the beet-sugar growers, and also to the officials of the Michigan Sugar Co. There was a great deal of talk about shortage of labor in the beet fields in Michigan.

Now I asked the Michigan Sugar Co. how many Mexicans they had imported, and the president of the company told me that it was about 7,500; they had imported 7,500 Mexican workers from Texas.

Now of course in the past, as I pointed out, there wasn't any effort to use the Mexican workers for other types of work besides the beets. They came there in, some of them, May, as I found from talking to the workers themselves, and they began, of course, working in the beets the first week in June. Then it seems that the other farmers around the area were anxious to use the Mexicans this time, and they drifted away, you see, after the first blocking and thinning of beets, around among the other farmers. There has never been any well-organized plan for using the labor. When they are brought up from Texas they make contacts with the farmers, and they have to make their own contacts with the individual growers and the sugar companies; while the farmers depend on the sugar companies to mobilize their supply of agricultural labor, the sugar companies do not keep any close contact with the labor afterward. So you have the same situation this time, and they began to move around, drift around among the other farmers, and the other farmers got hold of them and employed them for their crops, for the cultivation of their crops, and the group began to break up and they began to drift, you see, and then when it came to the harvesting, of course, quite a number of them were missing.

Well, the sugar company doesn't know how many were missing. I asked them, I said, "How many of your 7,500 still remain?" They didn't know exactly. The president of the company didn't know exactly how many were missing, and how much of a shortage they would have in the labor supply.

Of course, the Pere Marquette Railway got 50 of them, and the Chevrolet Automobile Co. in Saginaw got 100 of them. So I knew that 150 were missing. How many others, nobody knew.

Well, for instance, I went around among those Mexican workers and tried to find out how effectively their labor was being used. Here are some of the things I found. First, one morning I called on 6 Mexican families involving about 30 workers; they were all idle, no work to do. I said, "What is the trouble? You have no work?"

"No; no work to do."

I said, "What is the reason?"

"Well, the farmers haven't lifted the beets."

In other words, the farmers didn't care sufficiently to lift the beets ahead of them. You see, the farmers, in order to make the thing, the topping, easier, go along with a sort of a plow and lift the beets for the workers.

Senator PEPPER. You mean for the workers to pick up?

Monsignor O'GRADY. Yes. You see, instead of having the workers pull the beets out of the ground, which is a very difficult matter, they

go ahead and they lift them, they dig them up really, that is what it amounts to, and they call it lifting the beets.

So the farmers hadn't lifted the beets, and here were these workers idle and didn't have anything to do.

Well, the sugar company clearly hadn't kept very close touch with the farmers in that matter, and the farmers just didn't care.

Just to cite another illustration, I ran into some farmers in Saginaw one day, and I said, I got to talking to them about the agricultural situation, and I said, "Why is it the farmers don't pay more attention themselves in using their own labor for the cultivation of the beets?"

"Well," they said, "that is work an American doesn't do; that belongs to the Mexicans."

In other words, you have got that clear distinction in the beet fields, that "This is the work for the Mexicans, and this is the work for the Americans."

Then I went down to another field, and I moved around among the Mexicans there and began to experiment with topping the beets—I wanted to see how I could do the work—and I got to talking to the Mexicans, and I tried to pick up these beets and I found it was a very difficult job, and they were having a very difficult time at lifting them as the beets hadn't been lifted. Somebody had run over them with a tractor but hadn't lifted them. I saw that the women, for instance, were having a difficult time getting the beets out of the ground. I had a very hard time, and had to use every ounce of strength I had to lift the beets, to pull them out of the ground.

Well, one of the officials of the sugar company was along with me, and said, "That is sheer carelessness on the part of the farmers; they don't pay sufficient attention and haven't been sufficiently interested to prepare the beets for the Mexicans."

The housing conditions, too, were very bad.

Now, of course, everybody around that section of Michigan 2 weeks ago was very much concerned as to whether they could harvest their beets. Michigan has the third largest beet-sugar industry in the country; has 125,000 acres of beets. Of those, I think the Michigan Sugar Co. has 60,000 acres. There was a great deal of question as to whether they could harvest the beets, and everybody said, "Now the Mexicans have left." As I pointed out, nobody knew how many had left. It was a question, of course, as to what should be done about it.

Now the Michigan Sugar Co. had gotten out a letter to the farmers at that time, suggesting that they use their own labor, that a more extensive use of their own labor might be very helpful in this situation, because they were depending too much on the labor that the sugar companies had recruited for them. The farmers have depended traditionally on the sugar companies to recruit labor for them; and one farmer lifting the beets. I said to him, "Who is going to top them for you?"

He said, "That is up to the company to get the labor to top the beets; we don't do that."

So he didn't seem to be concerned about it.

Now there was another element that entered into the situation at that time, and that is the question of transportation. You see they evidently had made arrangements with these workers in Texas for

transportation. Most of them had used their own transportation this year.

Now of course when they got to Michigan, well, just before the harvesting, the rumor began to spread that they might not be able to secure gasoline to return to Texas. So a number of them left. Now, how many, it is very difficult to decide. I talked to several groups, and the leaders of several groups, and they said that some had left; they just didn't know how many.

But I asked the Employment Service people, and they said they printed a story in the newspapers, and of course that isn't sufficient to get the story over to the Mexican workers. But undoubtedly quite a number of them left and returned to Texas because of that fear that they would not be able to secure sufficient gasoline under the rationing program.

There is another situation, I think, that interested me in the beet-sugar situation, because I think it is one of the things that arises in our whole agricultural labor situation, and that is the use of school children.

There is a good deal of question in Michigan about that, and they have been using the school children, especially the high-school boys, in vacation periods, and they have been using them on holidays, during the fall. Of course, the schools were in session when I was there. I talked to the Sugar Growers Association about that possibility, and they felt that if it was done systematically as part of a national program it might be very helpful, particularly the high-school boys and even those in the grades, if it were done systematically and the children weren't required to do too much work, that it would be very effective and probably might really solve their problem in Michigan in a very large measure.

Now, as to the contact of the Employment Service with this, the Employment Service hasn't had any contact with that situation in Michigan, which is the largest, of course, agricultural labor situation in Michigan, and one of the most important in the country because of the importance of Michigan in beet sugar. The Employment Service didn't have any contact with it until about 3 weeks ago. When all this talk about shortage developed in Michigan, the Employment Service did begin to interest itself in the situation. It has had, you might say, no contact with the situation up to date, and doesn't have today any real contact with the situation. The Michigan Sugar Co. has recruited the labor supply for its own growers, and the same is true of the Great Lakes Sugar Co. for the other growers.

The Employment Service, as will become clearer as my story proceeds, hasn't really had any real contact with the agricultural labor situation, and it is not geared in that direction. It doesn't have the personnel for the recruiting of agricultural labor. In fact, we have not developed any machinery in the United States that I know of, that I have been able to find, outside of a private contractor service, for the mobilizing of agricultural labor.

I want to try to clarify that a little bit in describing the situation in western New York.

I went to New York City one morning in the early part of—

Dr. LAMB (interposing). Before you go on to New York, may I interrupt you for a moment?

Monsignor O'GRADY. Yes.

Dr. LAMB. I would like to recapitulate the points that I think you have made on Michigan, and see if they correspond to your own impressions.

If I understand you correctly, you have said that the recruiting which takes place in Texas is on a basis where the Texas Employment Service resists this recruiting. The Mexicans taken from there to Michigan or to Colorado are not enumerated by the Texas State Employment Service. All that the Texas State Employment Service knows is that they have lost a certain number of Mexicans that they don't want to lose, and so they take very little part in the whole procedure of transfer from State to State except to resist it?

Monsignor O'GRADY. Could I develop that point a little bit more in regard to the relationship of Texas to this mobilizing? I think that has a very great deal of importance.

I have tried to study that picture from several angles. I have talked to some of the people who have been recruiting in Texas, and the stories they tell are very interesting, very interesting to me. While there is a great oversupply in Texas, Texas doesn't enter into the situation very seriously; but once they begin to get near the line in which there is a fear of shortage in Texas, they want to retain a good supply in Texas. Then they proceed to bring pressure to bear on those engaged in recruiting, and sometimes they use pretty direct methods. This is not confined to the Employment Service, they use pretty direct methods for resisting the exporting of labor from Texas. Some of the people recruiting for the sugar growers have told me some very interesting stories about that, about the methods that were used.

Now, it is quite clear that Texas has resisted the exporting of labor this year, and Texas has insisted on hoarding agricultural labor. Now, that is literally true. They have resisted the efforts of the Farm Security Administration to take workers to California, for instance, this year. I think that is quite clear. I think that the Texas cotton growers have wanted to be sure, they have been so accustomed to an oversupply, to a surplus, that they wanted to be sure they had a surplus this year, and they have resisted steadily this year.

I think that is a thing that ought to be faced very squarely from the standpoint of this whole Employment Service, that it is governed by local attitudes, by local prejudices, by attitudes of States, that it is not a national service yet, has never been a national service, and doesn't have a national mentality or a national approach to a great national problem. I think that has clearly been brought out.

Senator PEPPER. You are speaking about the Federal Employment Service?

Monsignor O'GRADY. Yes; I mean it is still a Texas service and it is still a local service governed by the local attitudes of Texas. I think so much is clear.

Now you see, the Michigan Sugar Co. sent one of their agents back to Texas about a month ago, they wanted to recruit some additional workers, and this is an interesting story. He was able to get, in spite of all the surplus, only 150 with all his efforts.

Then there was a question of whether they should use this new labor from Mexico, and they decided not to, they decided that instead of that they would use some Kentucky labor, and they proceeded to nego-

tiate with the Employment Service and the Farm Security Administration for the importing of Kentucky labor into Michigan.

Well, they told me they needed so much, they needed 250. Now, the Michigan Sugar Co. told me that if they had had about 250 workers, that would be ample to take care of their needs. I said, "How do you need 250? How do you determine that?"

They didn't know. They didn't know how many Mexicans they had had. Now, nobody had gotten around to study that situation realistically to find out exactly how many they needed, but they needed 250 Kentuckians.

Well, I haven't been able to follow through on that situation, but I have heard rumblings in the past few days about the Kentuckians they brought to Michigan. Some of the Kentuckians have returned to Kentucky very sorry about the situation, about the fact that no plans had been made for them after they went to Michigan.

There, again, is your Employment Service; it is not in a position to make plans, and I think that will come out more and more clearly when I come to describe the Employment Service in action in western New York, and I think the Employment Service in eastern Michigan was just about as inadequate an organization as you could find to mobilize or plan for agricultural labor; I don't think they have got any machinery, and I think that the men in the Employment Service who know something about agricultural labor admit that. I have talked to a few people in the Employment Service who know agricultural labor, and they say the same thing, they say, "We haven't any machinery to do this work." But they keep on talking about it. But when you go out you find there isn't any machinery.

Dr. LAMB. One more question on Michigan, and that is, if I understand you correctly, once these 7,500 Mexicans got up to Michigan, there was no pattern of moving them from place to place or using them continuously where they were, or in any way making the most of the fact that you had this sizable pool of labor. And at a certain stage of the harvest they suddenly woke up to the fact that they had what they called a shortage; that is to say, that in a very limited period of time they suddenly wanted to harvest as much of the crop as possible, and when they couldn't get it all out at one time, they claimed they had a shortage?

Monsignor O'GRADY. That is right. You see, there hasn't been any plan, there was no leadership in the using of that labor supply, and they admitted that. I talked to the sugar company representatives about that, and they see that now clearly, that you need some leadership in using that supply of agricultural labor, you have to keep the force together and have to keep on working with them, and you have got to keep on discussing these rumors that develop among them, and all that kind of thing.

Well, now, we have never been accustomed to doing that; it hasn't been done in the past, and we do not have any machinery for doing it at present. I think that will become clearer, that is a thing that struck me right through, that we haven't yet touched the situation.

I have been talking to the officials of the United States Employment Service about that, and I think, frankly—I don't think I have made an impression on them, and everybody says, "Well, they just don't understand agricultural labor, that is all there is to it."

Some of the fellows down the line, of course, who do understand it, agree with me, but the people at the head of the Service don't agree with me; they just keep on using the same old machinery, and they think it is sufficient to meet the needs and they don't see the problem.

Now, in regard to western New York—

Senator PEPPER (interposing). Monsignor, will you let me interrupt you just a minute?

Monsignor O'GRADY. Yes.

Senator PEPPER. How do these workers physically get from, say, Texas or Kentucky to Michigan?

Monsignor O'GRADY. Well, physically, of course, the Mexicans have used their own transportation. The farmers at this time—you see, when the representatives of the beet growers go to Texas, of course they have to pay a fee in Texas, I think they have to pay a fee of \$1,000 in Texas to the State of Texas.

Dr. LAMB. The beet sugar company sends a representative, and he is licensed in Texas for \$1,000 to recruit labor?

Monsignor O'GRADY. Yes; he has to pay a State license. He doesn't merely recruit directly, but he also recruits by the grapevine; he talks to these Mexican leaders and they spread the word that there is work in Michigan. That is the reason why it is so difficult to count, because he not only gets the results of his direct recruiting, but he gets the results of what happens through the grapevine. I have discussed that with the Mexicans themselves.

Senator PEPPER. Does he give money to anybody for transportation?

Monsignor O'GRADY. Yes; he pays transportation; he gives the transportation to the leaders; he works through certain leaders among the Mexicans, and then he pays them transportation for these workers to go to Michigan, and they use their own automobiles to transport the workers to Michigan; they have their own transportation. They come in groups, not large groups; they come in rather small groups. It is an entirely different system than what you have, for instance, in Florida, where you have a contractor that moves a large group of agricultural workers to western New York. But these are rather small groups, and a considerable number of leaders.

Senator PEPPER. Of course, with gasoline rationing in effect, somebody would have to get them some gasoline?

Monsignor O'GRADY. Well, many times the local rationing boards in Texas—the five rationing boards, for instance—in talking to the Mexicans about that, they said that evidently some people had some influence at the local rationing boards, and they got them some tires, that is what they told me. I spent considerable time among the Mexicans down there, and of course I know a little about their mentality, and we discussed these things.

Senator PEPPER. But if some tires went bad en route, they might not find such friendly rationing boards?

Monsignor O'GRADY. That is right, and I have no doubt but what that happened this year.

In regard to the Kentucky situation, of course, they were recruited by the employment service and moved by the Farm Security Administration by the use of Federal funds. I think the Farm Security Administration got about around \$700,000 in the President's emergency fund this time to be used for transportation and, of course, the question

I have raised about that is that the question is whether the Farm Security Administration knew what workers were needed in the particular area. They depended on the employment service, and it is quite clear that the employment service didn't know how many were needed in Michigan, they didn't have the machinery to determine it, and here we were using Federal funds to transport these.

Senator PEPPER. Were they given any guaranty of a minimum amount of work when they got to Michigan?

Monsignor O'GRADY. No; and that was the trouble this time, they were just placed there and there have been a great many problems in that. I think that the committee ought to get that story first-hand from the Farm Security Administration themselves. I have talked in the past 2 or 3 days with the officials of the Farm Security Administration and, of course, they admit that probably the Employment Service wasn't in a position to decide exactly how many were needed, that was the basic problem, they didn't know how many were needed. And you see, they didn't get them there until the last part of October and, of course, at most they would have only about 2 weeks' work. There was a great deal of discussion. They just didn't know, that is the fact.

I tried as best I could to find out if they studied that situation and had tried to find out how much available labor there was in Michigan, and find out whether the farmers were using their own labor supply, and nobody had worked at that problem, that problem had not been studied in Michigan right in the midst of the season, and in all my contacts with the Michigan Sugar Co. I could not decide, and from my movements in the fields—I was out in the fields and talked to the workers right on the job—and I don't think anybody had counted to determine exactly how many workers were needed, and here the Farm Security people proceeded to move the workers without knowing how many workers were needed.

Senator PEPPER. When they got there, when they arrived at the designated place—I suppose they had been told to go to some particular place?

Monsignor O'GRADY. Well, they usually get them to a certain place and, of course, there was a great deal of question, I understand, about housing, the housing conditions were very bad, the housing conditions that I saw. I saw the conditions under which the Mexicans lived in Michigan and, of course, some of them were very bad. Of course, the Michigan Sugar Co. had tried to tell me that the worst housing was that provided by the Government.

There is an old settlement there, an old project near Saginaw, which is really owned by the Department of Agriculture, and it is really the worst housing in the whole area. Evidently it has been permitted to deteriorate, and the housing conditions there are unspeakably bad. The water is bad, the sanitation is bad, the housing conditions generally were not good, and I understand that there was a great deal of question—now this is secondary, I am giving you this because my testimony is based on first-hand observation—but what I can say about the experience of the Kentuckians in Michigan is based on my talks with the representatives of the Farm Security Administration. I don't think they have an up-to-date report on it yet, but I think it would be well worth—you see, they hadn't arrived in Michigan when I was there, and I have been awfully anxious to see how that worked out in detail, just from the standpoint of the

questions you are raising, because I want to contrast that lack of planning on the part of our Government with, for instance, planning in western New York on the part of the contractors' service, because the Farm Security Administration representatives told me in the past week that they agree with me that the only service we have developed for the mobilizing of agricultural labor in the United States is the private contractors' service, and the Farm Security Administration now is talking about using the contractors' service next year, they say that is the only thing we have got, and that is the fact.

Dr. LAMB. One last question before you go to the discussion of western New York, Monsignor.

If I understand you correctly, the arrangements worked out with the War Manpower Commission for the Farm Security Administration to transport workers called for certification by the Employment Service of the need for these workers?

Monsignor O'GRADY. That is right.

Dr. LAMB. So the Farm Security Administration has been supposed to rely on those certifications?

Monsignor O'GRADY. That is right.

Dr. LAMB. And in this case it turns out they can't rely on them?

Monsignor O'GRADY. Well, you see, the Michigan Employment Service has never been close to this picture, and it doesn't have any facilities, doesn't have the mentality, it doesn't have the skills, it has never done any work in the mobilizing of farm labor except to go through certain motions; if that is mobilizing, that is all right, but I am talking about realities, they are not close to the picture, they just don't know; they go through certain motions, getting up statements and publicity; but the actual job, they have never had any experience in the actual job of mobilizing or planning for the use of agricultural labor in the United States.

Of course, in California I find that the Farm Security Administration has really drifted away from their own basic purpose, and they have really done some planning in connection with the camps. I find that the fact that nobody enters in on the picture, is trying to get in on it, has given the Farm Security Administration a chance of planning with the workers and discussing their problems and planning with farmers for the use of that agricultural labor supply. But I think in the Eastern States the Farm Security Administration has rather tended to assume that that is outside of its field; they depend on the Employment Service to mobilize the workers, and then to plan for the use of the workers in the area after they reach that area.

Senator PEPPER. Well, Monsignor, I suppose from what you have said about the failure of the Employment Service to understand adequately the situation, and the failure of the Employment Service to have plans for the efficient use of this labor once it arrives, would lead one to infer that they have not canvassed and determined the number of housing facilities that are available, so that they just tell them to come without regard to whether there is any place for them to stay when they get there or not?

Monsignor O'GRADY. That is literally true.

Senator PEPPER. Or actually any job when they get there?

Monsignor O'GRADY. That is true; they just bring them there—

Senator PEPPER (interposing). And they are just there, then?

Monsignor O'GRADY. Just there.

As one director of manpower said to me, "You mean to say they dump them?"

I said, "Yes, that is literally true, they dump them."

Senator PEPPER. And then the Employment Service regards itself as, if I remember correctly something I saw in the paper, an agency to bring together the employee and the employer. So having the laborers there, and the employers being there, I suppose they regard themselves as the medium through which the employer may come to seek, from the available labor supply, somebody to work, they come to the Employment Service, I suppose, and ask for some laborers, do they?

Monsignor O'GRADY. Well, of course, again there is a question. They come after all other resources are exhausted, and they come to them as a reserve pool. I don't think that anywhere in the United States employers depend seriously on the Employment Service. I don't know of any city in the United States—I want to make that clear as I go along—I don't know of any city in the United States that I have seen, and I have seen, I suppose, hundreds of employment officers and I have talked to the workers and leaders of industry, but I don't think—they have had officers and registered workers, but they don't go out and recruit them, they don't recruit workers. Then they are used as a reserve pool. They refer those to the employer. I do not think it is correct to say that they are placing them, because I don't think they have the skills necessary to place workers. Placing workers is a technical job.

Dr. LAMB. In other words, Monsignor, you would say that the Employment Office was a referral office?

Monsignor O'GRADY. That is about the way to put it, they refer workers, such workers as come to them. They don't go out and recruit workers. I don't know of any place in the United States in which they have any plans for recruiting workers. Sometimes they do some advertising, and I want to give some illustrations of that as I go along.

I went to New York City one morning in early July, and I picked up the Times and I saw this statement given out by the director of the United States Employment Service in New York City, and this statement said that so many workers, 3,000 workers, were needed in July, and I think about 5,000—and I want to give the correct figures, I want to get that statement exactly for the record—in August. And then the statement referred to an office in New York City to which workers could go.

Well, I thought I would go to that office, so I went right to the office and I got in line, and I talked to all these young men from the New York City streets about farm labor and about what they wanted to do, and they were very anxious, really patriotic, they wanted to do a service, because the article contained a patriotic appeal. But they were becoming sort of disgusted, they said they had been around for several days and were unable to find any employment opportunities in farms. So as I moved along through the crowd in the office, this bright young woman came along and said, "Of course, you can't fool us, and we don't intend to fool you. Why don't you talk to us?"

I said, "All right. Do you have any farm employment opportunities available in this office?"

She said, "We have 50."

I said, "Is that all?"

She said, "That is all."

Senator PEPPER. They had 50?

Monsignor O'GRADY. Yes.

I said, "Where did you get these figures?"

She said, "That is what I would like to have you find out for me, where they got these figures."

Well, we talked about the 50. "Now," I said, "where do you have the 50 available?"

"Well, the Snyder Packing Co. at—they have several plants in western New York around Batavia and Albion and one or two other places in western New York."

I said, "How many have you placed?"

She said, "50."

I said, "Where have you placed the 50?"

She said, "We have placed them with the Snyder Packing Co. at Albion, N. Y."

I said, "All right, I am going to see those 50 workers probably within the next 24 hours."

Then I called the head of the United States Employment Service in New York and asked him about these figures he had given out, and he said—I couldn't find him, I got the regional director, and he didn't know where they got them. So I took the plane and went to Rochester and called the upstate director, and I said, "Where did you get these figures?"

He said, "From our statistical division."

I said, "Are they based on actual orders?"

He said, "I don't know."

I said, "I question whether you ought to give out figures like that. You gave them out as if they were orders turned in by farmers, and as far as I know you had only 50." I followed the directions and went to the office.

When I got to Rochester, I got an automobile and drove out to the Snyder Packing Co. I said to the manager, "Where are these 50 people from New York? I would like to find them."

He said, "We are having a tough time with them, they are a tough crowd."

I said, "All right, I like them. I think they are good people."

Then we went out and I saw these 50 New Yorkers, and they were up in arms, and they were all stirred up, and they had been there at that time for about 3 days, and they had been told about what wonderful opportunities there were in western New York, and they would be put to work immediately. And there they had been there for 3 days, and it was raining that evening, and they had very little food, had no money—they were left out there without any money and without any food—and the company—I talked to the manager of the factory, I said, "Are you giving them any job?"

He said, "No; we don't have any, this factory is not ready to operate yet," he said, "it is too early, the weather has been cold and the peas aren't ripe and they are not ready for harvesting, and I have tried to get jobs for them around this area. But," he said, "I have

been able to find only 10 so far, and I am doing my best, I have got a terrible job on hand."

Now there is an illustration of a placement.

Well, I wanted to see how the contractor works. So 2 or 3 days afterward I went to Auburn, N. Y., and when I got to Auburn I heard about a contractor who had brought some workers from Florida who had worked in the Everglades during the winter. So I went out at the southern end of Cayuga County, and I saw these 85 Negro workers that had just been brought from Florida, and I talked to them and I talked to the contractor, and he, of course, had plans, he brought them largely for one large farm that had 700 acres around that area, but they had planned to use all these workers for the whole area. The contractor was making plans to keep them busy with the various farmers around that area from early July until November.

Now there is a contrast between the methods used by the United States Employment Service and the methods used by the contractors. I talked to that contractor, and as I moved along the line one of the Negroes came to me, he said, "Reverend, do you know of any jobs around here?" Well, the contractor wouldn't let him talk to me, he kept those people together, he was a morale officer, he was out in the field with them, he was the leader of them and he was their boss.

Senator PEPPER. Was he a white man?

Monsignor O'GRADY. Yes. It is a very interesting development. I have just got parts of it here and there. You see, these large fruit companies, of course, buy up those crops and they have those factories along the counties on the lake, along Lake Ontario, and evidently they have been able to make contact with the contractors who use this Negro labor in the Everglades in the wintertime, and split up.

This development has been only 2 years under way, but this year I think it has saved the crops in western New York; I think those contractors from the South, they have been accustomed to using that labor in the Everglades, around Lake Okeechobee, and they have brought a large number—nobody knows how many. I couldn't tell you how many. They had problems, as you know from the newspapers, in bringing them through Georgia, and one of them got arrested in South Carolina. But I think that they plan for that labor very efficiently.

I tried to follow through with that. I wanted to see some other contractors, and I saw two other contractors in that same county. They were pretty well under way, they had brought the labor very early, in June. It begins, after all, to drift—you see, that labor in Florida begins to break up in the last part of April, it begins to drift north. I talked to them in the last part of April around Lake Okeechobee, and at that time their plans were very indefinite, the workers, they just didn't know what they were going to do. And the Employment Service had one man in there who had really gotten hold of the situation; he was the only Employment Service man I met who had had any contact with the situation. Of course, he described to me his difficulties. He said, "The trouble with me is I don't know what is needed up north, and, of course, I have the supply of labor here, but I don't know how to give these workers any directions." He said, "Here are letters that the workers had from Pennsylvania, New York, and New Jersey farmers to come and they would pay their fare, but they didn't know, they didn't have any guidance." Here was a large pool of agricultural labor and the workers didn't have guidance.

I talked to the leaders of the Employment Service about that, and I said, "You have got that opportunity," and, of course, they did send workers in there when it was too late. But there was no national approach to it.

Now I saw two other contractors in Cayuga County, and one had 125 that he had brought from Florida, and he was using them very efficiently—

Senator PEPPER (interposing). Was that white or colored labor?

Monsignor O'GRADY. All colored labor. All the labor I saw from the South in western New York was colored.

He had 125 of them, he was housing them and feeding them—

Senator PEPPER (interposing). Excuse me, were those just men, or men and women?

Monsignor O'GRADY. Men and women, whole families. They travel in families, as you know. You see them in the Farm Security camps in the Everglades, and they travel in families just like the Mexicans, and, of course, they use the children, too, in their work on the farms.

Now, this second contractor that I saw had an arrangement with one large farmer, but then, you see, in between he made arrangements with other farmers. Those people were busy all the time, he was with them all the time, and he was out in the fields with them, moving around the farmers all the time.

Now, I maintain that that is a thing that those of us who are interested in the employment of agricultural labor had been trying to get over to the Employment Service, but had never succeeded.

Senator PEPPER. Let me interrupt you once more. That contractor was also having to do with the wage which the employer paid, he was bargaining really collectively for these people?

Monsignor O'GRADY. Oh, yes. Well, of course, he would get so much a bushel for peas for picking peas, and then he would, let us say, get a certain amount per bushel from the farmer, and he would pay the workers. He was paid by the grower and he would pay the workers, and he kept a certain amount for himself. It was very difficult to get at that. I talked to some of the people in the Employment Service, and they didn't know anything about the arrangements that were being made. He makes his own arrangements with each individual farmer. Then he pays the workers himself.

Now the Employment Service hasn't been sufficiently close to that picture to get to understand really what transpires, but at least he has developed a technique for mobilizing the supply of labor and using it effectively, and as I pointed out before, some people in the Farm Security Administration told me in the last few days that they would like to hire some of these contractors for the next year, because they seem to be the only people in the United States that have developed an efficient technique for the mobilizing of agricultural labor.

I want to point out two or three additional things in regard to this western New York situation. During the last part of the summer the Farm Security Administration has organized three camps in western New York, and the Employment Service has been talking a good deal about its work in mobilizing agricultural labor in western New York, and I think they have tried, the Employment Service has tried, but I don't think it understands the picture. I think that it is too much riveted to the local office approach, and that means local prejudices, local traditions, and it can't get away from that.

I went to the office at Batavia about a month ago, and I said, "I am going out to visit this camp in the area here and I would like to have you come along with me." Well I couldn't get the person in the Employment Service office to come with me. I said, "How about these contractors around here, are there any contractors?"

"Oh no," he said, "we have driven all of those out."

I said, "That is very interesting; you are placing all workers, are you?"

He said, "Yes, we have taken it all over."

"Well," I said, "that is fine, I am glad you have become so efficient. I didn't realize that you had changed so much overnight. But anyhow I guess we are all ready for new lessons."

So I went out on the street, and went along and stopped on a street corner and asked this gentleman on the corner, "How do I get out of this town?"

He said, "I don't know much about this town."

I said, "Do you know anything about agriculture in this area?"

He said, "Yes, I know pretty much about agriculture in this area."

I said, "Do you have some connection with it?"

He said, "I am a buyer from one of these big fruit companies."

I said, "Do you know about this agricultural labor situation?"

He said, "That is my business. I have got to know about it."

I said, "How are they getting along?"

He said, "Pretty good. I think it is all right this year." He said, "I think we will make it."

I said, "How do they do it?"

"Well," he said, "you know they brought a lot of Negro labor from the South."

I said, "How did they get them in here?"

He said, "They have contractors."

I said, "Where are they?"

He said, "There is one big one out south of town, and one of them north of town, and they brought them here."

Then I went out to the camp, and in the camp—you see, the camp wasn't prepared very well and it didn't have any sanitation as yet worth speaking of, and no water supply and no facilities for bathing. The Farm Security Administration had just gotten it under way there, and I found that the Employment Service had imported a number of workers from West Virginia into western New York.

Well, I was anxious to see those workers, and I found some of them in the camp. Some of them were quite ill at the time, didn't have any medical service, and evidently they had been brought into the town and just left there, and left to work out their own problems as best they could, and they were very sore about it. I asked them where were the other West Virginians that had been brought in, and they said, "They have all checked out."

I said, "Why was that?"

They said, "Well, they have checked out to the farmers; they are living out among the farmers."

Well, of course, I immediately saw what would happen to that crowd if they began to check out in ones and twos, that the whole gang would break up. Evidently they were left there to make their own plans, entirely different from the contractor. The Employment Service had left them there and had done nothing about it.

A group of New York people from the relief rolls of New York City—there were a great many complaints about that, the fact that LaGuardia had sent all these relief workers to western New York, and they impressed me as being a crowd out of which you could get a good deal of work if one had only planned it carefully, but they had left them in Batavia each with 75 cents, and they had to go out to this camp, and no bathing facilities, and they really were raising a storm. They were up in arms and they had been talking about the horrible living conditions on the farm, and so forth. But again they had to make their own terms, make their own bargains with the farmers, and there was not anybody there to help them to find employment. Evidently the Employment Service that had recruited them in New York City just brought them there and left them.

Well, of course, I called that to their attention, and I don't know whether they yet see this problem of planning for the use of farm labor, and they are not going to get anywhere until we have a crew of placement people that recruits these workers and sticks with them and plans for them, and sticks with them and provides some leadership and guidance for them, and the Employment Service doesn't see that up to this time.

They have several reports in their own files in the United States Employment Service here, reports that have been made by the workers in the service who know something about agricultural labor, and they haven't ever been able to get to the top. That is the story, the story of the relationship of the United States Employment Service to agriculture.

Senator PEPPER. If the War Manpower Commission, or anybody else that has to do with that situation apparently now, had the power by compulsion to order and transfer workers around, you can imagine what the chaos would be unless there were more planning for that.

Monsignor O'GRADY. That is the thing that I am coming to gradually, Senator. I don't see—for instance, if you had authority, you would have chaos, because they don't know what the needs are, we don't have the facilities for determining needs, we are not close enough to the picture, and as will be clearer from my story.

Remember, in this whole connection I never had any contact with the War Manpower Commission. Now my only contact—I have to say this, and that will be clear when I discuss the Buffalo situation—Mrs. Rosenberg, as I must say, has been active in that western New York situation.

Dr. LAMB. In industry, Father?

Monsignor O'GRADY. In industry. Well, I have talked with her a good deal about this agricultural situation, and I have told her frankly what I thought about it, and I have told her all the things I am telling you. Of course, she depends on the Employment Service, and the employment service in New York State doesn't have the machinery, doesn't have the mentality or the personnel to do just that kind of thing. Of course, they say they don't have the money. Well, as I said to them in California, "Close up your big office in Los Angeles, nobody would ever know it was closed, it wouldn't make any difference so far as our war work in Los Angeles is concerned if you were to close your large downtown office in Los Angeles. It might just as well be closed and send them all out to the San Joaquin Valley."

"Well," they said, "they wouldn't understand agricultural labor." I said, "You probably would get a few efficient people who know agricultural labor to move around among the farmers. Don't try to place everybody, use the contractors, use every other facility you have got."

The Mexican consul in Los Angeles told me about 3 months ago at a big meeting in Los Angeles, he said, "There was a considerable supply of Mexican labor around here that could be used, and it wasn't ever used, and that was because there wasn't any machinery to use it." I have talked to the Director of the War Manpower Commission about this same thing, I said, "You haven't any machinery for mobilizing the supply of agricultural labor, and you might as well face the facts. What is the use of talking about compulsion if you don't have the machinery for carrying it out?"

That is the position that we are in at the present time, so far as agricultural labor is concerned. You might as well say that we don't have any machinery. To say that we have an efficient machine would hardly be true, because we don't have any machine, and, of course, the few feeble efforts they have made really have made it so clear that they are not geared to this type of mentality. If you talk to any of the people within the Service itself who know agricultural labor, they will tell you the same story, exactly the same story.

I think that Congressman Curtis' statement in his minority statement in the report of the Tolan committee is quite significant, that they do not have in the War Manpower Commission anybody that is in close touch with agricultural labor. I would rather say they don't have any out on the firing lines, because I don't think you get anywhere by having a few people around here if you don't get a few people out on the front lines who are doing the service, because after all, the War Manpower Commission in Washington can issue directives, but what is the use of those if you don't have the machinery on the front lines?

I am not concerned about the type of machinery, I am not an expert on organization, and what you should have in Washington is another story; but I know the front lines, I am concerned about the front lines, about our war industries and agriculture. I am concerned about what they do in the field, and I presume that is the test of a service, and I have tried to keep moving around in the field and the factories and find out what is happening.

Senator PEPPER. The general staff can't win much of a war without some soldiers efficiently functioning out on the front lines, can they?

Monsignor O'GRADY. That is right.

Now, I have tried to clarify the agricultural situation by these few illustrations. I think what I have said about the general picture can be borne out by actual experience.

Now, I wanted to describe a few of the industrial situations.

I have been interested in observing this manpower mobilization in quite a number of the larger industrial, war industrial centers, like Seattle and Portland and San Francisco, Vallejo, Los Angeles, San Diego, Kansas City, Wichita, New Orleans, Detroit, and Cleveland and Buffalo, Elmira, and Springfield, Mass., Hartford, Conn., and Bridgeport, Conn. I think that again you have to get something of the background of the United States Employment Service, and the

policies developed by American industries in mobilizing its manpower, in order to get the real picture of the situation.

Traditionally, of course, American industry has developed its own hiring policies, its own policies in recruiting labor; and during the war and the development of the war program, American industries have developed, fairly large war industries have developed large and rather efficient personnel departments. I think they have taken some of the most efficient people in the Employment Service, taken them into those personnel departments.

For instance, in talking to some of the people in the Employment Service here about 3 months ago about the St. Louis office, they said, "What do you think about it?"

I said, "Most of the personnel is very inefficient," and I said, "You have got a few people in between who are really good technicians."

So about a month afterward I went to St. Louis again, and I found that the men in between had left and they had been taken over by the personnel departments of the industries in St. Louis. They had reorganized the office, and the people here in Washington asked me what I thought about it. I said, "You have reorganized all the men out there, you have a nicer office and it looks better, but," I said, "all your good people have left."

Now, that is the picture in the Employment Service today, its good people have left.

Now, they have been used as a sort of reserve pool by industry. For instance, if you talk to the Employment Service now, they will say, "We have a standing order from this industry," and sometimes the industry I find uses them to build up its own lists, its own pool, of course, that they can call on when they need people.

Now, that is about as far, I think, as they have gone in any place. Sometimes they have a very poor reserve pool because they do not have many people on their lists that are qualified for the jobs that are available in war industries. The workers use them also as a last resort, I find. They go around, they have been around to all the factories and then they go to the Employment Service as a last resort.

I find this, for instance, and I found this in the Detroit office, that they are so interested in placement, the individual workers, in counting, that they don't always look very sharply behind the scenes to find out what this man's previous employment record has been, whether or not he may have left an industry engaged in war work. I found a group of workers at the Detroit office recently, and in each and every case they had quit a job in the war industry and were trying to get another job. They are apparently so interested in counting and figures about placement that there appears to be that basic point of emphasis, and I didn't ask them any questions about it.

I went to the Cleveland office about 2 months ago, and I asked them who were the people who were engaged in placing people in war industries. I finally got two people and they had very few people on that list, very few people in reserve. They were very critical of an advertisement that the Cleveland Diesel Engine Co.—which is the General Motors Corporation engaged in the making of Diesel engines for our submarines—very critical of an ad they had in the paper. So after I got through I said to them, "You have got how many people in the office?"

"About 200."

I said, "You have two people engaged in war industries. That is 'business as usual' with a vengeance, isn't it?" I said, "All right, let's go out and see this Cleveland Diesel Engine Co.," and we found a long line of people, and they wanted 300, they were getting them through advertising.

The Employment Service didn't want them to do that. They were getting them through their own methods, they couldn't have depended on the Employment Service, it would have been hopeless. I asked them what this manpower group was doing, this regional director, I took the regional director out to the Cleveland Diesel Engine Co. with me.

Well, in Los Angeles they have a central office, files, a clearing office for the aircraft industry, and I went to that office one day recently and I tried to find out what they were doing, and they told me, they gave me a picture of a placement service, and they told me about it, and I said I would find out.

So I got in the office and got in line with the workers, talked with them as to what this place was for, and I got the workers' picture. Then I finally got back to this large counter and talked to this young man, and I said, "Are you the head of the office?"

He said, "No; I represent an aircraft corporation," and I got to talking to him. He said, "This is the screening service for our aircraft industry, we have our interviewers in here."

I said, "Do you take all the people referred by the Employment Service?"

He said, "No; they screen them, Father; they eliminate those that are obviously unfitted."

So after I got through with him I went upstairs and talked to the representative of the North American Co., which is a branch of General Motors. So I talked to them about it, and I said, "Let me see some of the interviews being conducted by the Employment Service," and so he showed me some of them, just a simple sheet of paper with a very simple interview. I said, "Is that all you get from them?"

He said, "What do you expect?" He said, "This industry has been revolutionized; you can't expect people on the outside to place people in this industry." He said, "They need more skills than anybody in the Employment Service has." He said, "If they had all those skills, we would take them out to the factory and pay them three times as much as they are getting here." He said, "Even our representatives down here can't place, we refer them to the factory. We can't determine the type of skills they need from day to day, and the skills are changing all the time. You need a person who is closely identified with the industry to do a thing like that."

Well, by that time the head of the office caught up with me, and I said, "I have got a new picture of this business. You are not placing any people."

"Oh," he said, "yes we are."

I said, "That is not the picture I get." You see, he wanted to try to tell me after I had been through that shop that they were placing people. Well, then he called up the representatives of the aircraft corporation again to verify what he had said, and they weren't placing, they were a referral agency as Dr. Lamb has just pointed out.

Now, I think that is the general picture, as far as I can get it, of the Employment Service.

Now, in some places, of course, the unions are doing it. I went to the Portland office, and I asked them the people who were placing men in war industry. They said, "We don't have any."

I said, "Who attends to that?"

They said, "The unions do that, the Kaiser Shipyards."

New Orleans told me the same thing. Then I talked here about New Orleans and they said, "Well, of course, when Higgins gets going, then we are going to have some work."

I said, "You mean to say you want to get them all out, the unions out of this picture?"

Well, that is the mentality, you see. They want to get everybody else out of the field, apparently, and yet they have no machinery for organizing the service themselves.

Now last week I visited Bridgeport and talked to—I spent a day at Vaught-Sikorsky, which is a branch of United Aircraft Corporation, it is making planes for our Navy. Well, they have, of course, reached a real crisis in their labor supply, the most critical situation that I have seen in the United States so far, and it probably is the most critical situation, because their supply of manpower in Bridgeport is pretty much exhausted. They claim that their supply of womanpower is exhausted.

That, of course, brings up some other questions that I would like to discuss. They were unable to keep their supply of labor flowing, they are losing about 400 a month through Selective Service. They have a labor supply at the present time of about 9,500, and they have to build up to 13,000 by February 1 in order to make their new models which they are getting into production now.

Now they have been recruiting, they wanted to recruit labor from Massachusetts and New Hampshire and Maine. The Employment Service of Connecticut objected. Well, they went ahead anyhow and they set up their office in Boston, and they developed a flow of woman labor from that office to the factory. Then the Massachusetts Employment Service approached them and said, "Now why don't you come with us and we will give you office space."

Well, they decided to go along with that suggestion. So they took an office with the Employment Service in Boston. Well, they were working there about 2 weeks, and the Employment Service finally decided it didn't have any space for them, and they decided to let them go on their own again, and while they were in the Employment Service the number of their registrations dropped by about two-thirds, they got only about one-third the number of applications for workers, for employment, while they were in the offices of the Employment Service over a period of 2 weeks.

Now they decided to go on their own again. Apparently the regional office of the Employment Service finally caught on to the situation, and they made a deal with them and they are now working with them on a program for the recruiting of women in Massachusetts and Maine and New Hampshire.

Now of course, it is clear to me that what happened is this, from what I know about the New England situation, that the national service doesn't have any control over the State office, and they know that that is still a State service, and the States follow their directions when they please, and follow their own ideas when those appeal to them also.

Now that is one element in that Bridgeport situation.

Now of course, there is another question in there, and this brings out the present status of manpower, of the War Manpower Commission in New England. They have been recruiting that supply of labor of women from Massachusetts, New Hampshire, and Maine. I have talked to several of those women who have been recruited, last week. The housing shortage in Bridgeport is very serious. In fact, the central room registry there, that is maintained by the manufacturers' association and by the social agencies, didn't have a single room for a woman last week when I was there. I talked to Mr. Blandford's office about that, and of course now they claim they are going to convert about 200 units in Bridgeport and are going to build 300 permanent units. But I wonder what is going to happen about the immediate housing situation in Bridgeport. They claim that there is still an unused supply of woman labor in Bridgeport, but nobody has organized a program as yet, an effective program, and the Employment Service doesn't have one, for mobilizing the supply of labor that remains, for instance, I find that in New England generally there is a good deal of resistance on the part of married women with children to working in factories. That is very definite in Bridgeport. The manpower commission has gotten out a statement on that, but there is a good deal of confusion with regard to that in Bridgeport. In other words, they haven't interpreted the needs.

Now, then, I asked, for instance, about this War Manpower Commission in Bridgeport. They said they hadn't seen any representative of the War Manpower Commission in Bridgeport yet, and I said to the regional director, or the State director of the Selective Service, "Have you ever met him?"

He said, "I have never met him yet, he hasn't been here."

"The War Manpower Commission was set up in April, and do you mean to say the regional director hasn't been here yet?"

He said, "No."

I said, "Can we get him down here next week? I would like to get him down here and study this situation. How can he tell Mr. Blandford what is needed here in the way of housing?"

He said, "I don't think they have got up-to-date material in regard to housing."

"Has he ever been in Connecticut?"

"No; the New England director of the War Manpower Commission hasn't been in Connecticut yet."

They haven't any contact with the War Manpower Commission. The industries of Connecticut haven't had any contact except what they have through the Employment Service. That is what the War Manpower Commission has meant in our two most acute situations, as I see them now, in the United States, Bridgeport and Hartford.

Of course, the Employment Service in Bridgeport claims that one needs to recruit a good many women from outside. They admit that the housing situation is serious. But, of course, they say they are powerless, they are losing their personnel and there is nothing very much that they can do about it.

The situation has become quite acute in Bridgeport and in Hartford. The Selective Service policy is, of course, playing a very important role in that situation. You see, there are quite a number of men in

Bridgeport from Pennsylvania and evidently the Pennsylvania boards have some grudge against those men and like to draft them whether they are in key positions or not, and all the plants in Bridgeport, and Hartford too, are having a lot of trouble. For instance, Hartford is having a lot of trouble with the Massachusetts draft boards, Pratt-Whitney is having a lot of trouble with the Massachusetts draft boards. They like to draft the men that left Massachusetts. I find that in several parts of the country, too.

Now the draft boards, of course, are going ahead without any relationship to the demands of industry, and are drafting their key people.

I have to say this, however, for the Selective Service in Connecticut. The State officials of the Selective Service in Connecticut, I think, are very able men, I think they understand the needs of industry, they are trying very hard to have this manning table introduced and to have it carried out, and to have it put into effect and to work out with industry a program for the orderly withdrawal of the men within the draft age. They are having a lot of trouble with the local boards, especially with the Bridgeport board. You see, they have to deal with—I think that Vought-Sikorsky has to deal with about 300 draft boards, and Pratt-Whitney.

Senator PEPPER. You mean due to the fact that the men they employ come from that many different areas?

Monsieur O'GRADY. Yes.

Now with Connecticut, I think that Major Averill is a very able person, and I think he is close to the industries, and I think he understands their needs, he is closer than any Employment Service man. The Employment Service people are not close to the picture, you have got to understand that. For instance, they don't know what is happening in the inside of those factories, they don't know the real picture any place, I haven't seen anyplace where they know, and I have talked to them about that here and I have asked them to point that out. They said in Baltimore they do know. I haven't been there, they pointed out one place I haven't visited. They say that in Baltimore the situation has improved. Maybe it has. But I would like to see it from the inside of Glenn Martin's. I am not willing to look at it from the standpoint of the outside, I would like to see from the standpoint of industry and the making of implements of war, and that is what we are all interested in.

The story of how we are using the men and how we are withdrawing them and how we are replacing them, is the important thing.

Now we have to think through some more efficient instrument than what we have devised up to date for that. I am quite sure that the country is facing that and existing instruments are not going to do it. Selective Service, I think, has made a good beginning in its State contacts, we have to admit that. The local draft boards are utterly unqualified to deal with this situation. They are thinking about a program of appeals, but you have to get something like the Toland committee has suggested, something like intermediary boards, some boards to pass on this, and you are going to have to get an able type of leadership, even if it is necessary to recruit some of them from the personnel departments of industry, to serve as what the Toland committee suggests as labor inspectors.

I have thought a good deal about that, about the importance of having somebody that is with the industry all the time. I have seen,

for instance, the inspectors from the War Department in plane factories that I visited, they are around there all the time and working with them; well, somebody like that dealing with labor power. You are withdrawing a large part of their manpower. For instance, Vought-Sikorsky has about, of their ten thousand-odd people, now they have almost 6,000 within the draft age, and they are almost all young men, in their twenties, because it is a relatively new industry, and that is true of Pratt-Whitney and all those large aircraft factories. Now the question of withdrawing that labor supply is a very serious problem, they are concerned about it, I mean people who are really producing planes, it is a really serious problem; we need men in the Army, but we need to displace these with women and we ought to recruit women according to some social policy. We ought to interpret that to the communities and ought to have some agency to do that. We do not have it and we can't do it by issuing directives from Washington, they don't get down sufficiently far. You have got to have within each local community that type of leadership, and you don't need an organization that places every man.

I think we have got to take the existing personnel departments of industry as they are. Maybe that is not the best way to do it, but we have got to take it as it is, we are in the midst of a war, we are fighting for our very existence, and we have got to take things as they are. And I think we have got to think through some machinery that would have an able personnel working with industry on this whole business of recruiting, using their existing facilities, not going at it with the idea, "We are going to take over everything," because we couldn't do it anyhow, we couldn't develop a machinery, we do not have a machinery. The machinery we have now is just developing an utter condition of chaos. Anything that would turn this over to the Employment Service would create a chaotic condition.

If you were to talk to the executives of these large corporations that are making planes, or tanks, or arms, they would tell you that same story, we do not have intelligence enough of leadership to do that.

Now in the Hartford area there is the same problem, with the Selective Service taking all the young men. We have to replace them with women, and there is considerable resistance on the part of women here in Hartford to employment. "It hasn't been made clear to us that we are needed," that is what the women tell me, and that is what the people all over the country tell me. I have had meetings with the representative people. They say, "Our people don't understand, this thing has never been explained." The industries tell me they can't get women and the women are resisting employment. There is no leadership; the War Manpower Commission hasn't been heard of in Hartford.

The industries say "if something isn't done pretty quickly about this thing, we are going to have an utterly chaotic condition in this city of ours."

Now I want to refer just a minute to the Kansas City situation, because I think it illustrates a number of the problems that are coming up at the present time.

Kansas City was supposed to have a surplus labor market, and the result is that a number of new plants are being built: Pratt-Whitney is building a large plant that would employ, according to

their statement, about 30,000 people, and will take 3,000 from Hartford that will have to be replaced within the next month. Sunshine Ordnance is developing a large plant there.

Of course, we have North American Aircraft Corporation, with around 12,000 employees, and that will be increased to about 27,000 within the next 3 months.

Now when I was in Kansas City 2 weeks ago, the Kaiser Shipbuilding Corporation was taking about 125 a day out of Kansas City.

I don't know how many the recruiting service for the Signal Corps is taking out of Kansas City, and the Civil Service is recruiting for the Signal Corps and also for the Ordnance Division of the Army.

I talked to the Director of Manpower for that area, and I said, "You are running into a very serious situation in Kansas City, Mr. McDonald."

He said, "Yes; but we still have a good supply of labor."

I said, "Nobody knows how much of a supply you have. I have been around to the schools, your training schools. Now North American is very much concerned about the school situation, they are not getting any recruits any more from the schools, and all except two of the private schools, private training schools, have been taken over by the Signal Corps; the present employment training schools, they have only about 80 in training now. The schools are down to less than one-fourth of capacity, the present Employment Service. What is the trouble?" I asked Mr. McDonald that, the regional director of manpower. "Now," I said, "these employers are cutting one another's throats, Mr. McDonald, trying to bid up and take labor, one from the other." I said, "Why don't you get them together, why hasn't something been done in this area about this manpower question?" I said, "Your Employment Service around here is not doing much about it, and you are not getting together, the schools are complaining about the Employment Service, that they are being held up in their recruiting program by the Employment Service, and the industries are complaining—North American complains that these other companies are coming along and stealing their people at the time they are trying to produce planes, and what has been done about it?"

The answer is—nothing has been done about it yet in Kansas City.

Of course, there are other elements in the Kansas City situation that you find in all these situations, which is one of the things you are up against all the time—the relationship of shortages to manpower, that is, these recurring shortages. I suppose that is the kind of thing that one can't meet entirely—shortage of materials. The workers say in the morning, "What are we going to do this afternoon?" And you get those situations, which are very regrettable.

Of course, shortages sometimes lead to a real or alleged hoarding of manpower, and that question as to how long, for instance, an industry ought to retain workers for whom it doesn't have employment. I think there are a lot of questions like that that can only be met by people who really are working with industries all the time on this business, not by somebody who is running an office downtown. You really have to discuss that.

I know of several industries in which that question is constantly recurring. How long should we retain people on our pay rolls, for instance, if we have shortages? That is a real question in the Kansas City area.

Now I wanted to refer for a moment to the Wichita area, because I think it illustrates—again, Kansas City has the same problems with Selective Service. The Selective Service has begun, of course, to develop a constructive approach to the industries there, the North American, but again they are dealing with draft boards from Oklahoma, Kansas, Nebraska, Iowa, Missouri, Illinois, all over the country, and of course, a large part of the time their personnel department is dealing with Selective Service boards and appeals, and I went over their report for August with them; it was perfectly amazing—I mean the volume of work they had had on appeals. Now, of course, it may be that they appeal too many cases, but there is no understanding; there is no policy about that.

Now that is a thing that has got to be done, and done quickly, and yet we haven't any machinery. We are talking about developing universal service, and here we have got a key problem about the drafting of key personnel in some of our critical industries right now, and we do not have the machinery even for reaching that problem, not to speak of the machinery to place every man and woman in the Nation.

We need to move on that front very, very quickly, and to get the right type of people on it.

Now Selective Service, I think, has made a beginning on that, but again, of course, it is not through the local boards. I think charging local boards with any serious responsibility certainly would be just as chaotic as charging the employment offices with it.

Now, in Wichita, you have, of course, three aircraft corporations, Boeing being the largest. Boeing now has about 15,000 and is rapidly developing, they are coming into mass production in the development of their new models, and Boeing will run up to about 30,000 in a short time. At the same time Selective Service will draw out most of the people they have at the present time, and it is very important—I think one has to really sit and talk to these men and have them tell what it is going to mean to them if so-and-so is withdrawn; they are just going to be powerless.

Well, Boeing has developed pretty good relationships with the Selective Service in Kansas. Oklahoma is certainly bearing down on them, the draft boards in Oklahoma are bearing down on them. You see, evidently again what is happening is that these boys from Oklahoma have left their home towns and are working and earning good wages, and the local boards are being asked, "How about these boys in Wichita?" and they are drafting some of the keymen in Wichita—Oklahoma draft boards—that are absolutely needed if we are going to get planes from Boeing.

Now the Selective Service in Kansas has pretty good relationships there, and are making a beginning in constructive approach, and I should say that probably the Selective Service in Kansas has made a beginning—it has begun to do some of the things that the Tolson committee envisages for these inspector services of theirs, only it hasn't been developed on a sufficient scale—in advising the industries and discussing their needs and their key personnel, so the industries are not wrecked while our Army is being built up. They have, of course, like the other companies—Boeing and the other companies have their own personnel departments.

The Employment Service in Wichita, until very recently, has been very inefficient. It has improved some. I attended a meeting of the

personnel department, went over the factories and talked to them about their problems and the problems they had in recruiting personnel. Most of those people are from around that area, Missouri, Oklahoma, and Kansas. Now they have the same percentage of women as the other companies; it runs about 20 percent, and of course it is growing. Of course, all those industries are going to have to go up to about 60 percent women.

The Employment Service there hasn't been any great asset to them; there has been a reserve pool. The gap between them and the Employment Service has been pretty wide, and it wasn't helped by a meeting we had there some 2 weeks ago. We had a meeting of all the personnel departments and representatives of the Employment Service, and the regional representative of the Employment Service. And I thought that the speech made by the regional representative of the Employment Service was one of the most unfortunate things I have ever heard. He showed an utter lack of understanding of the problems of those industries. He showed that he just wasn't close to the picture, and they would have to take the people referred by the Employment Service. He said, "Two weeks ago we sent them a bunch of men, and they turned them down, and last week they employed them." We discussed it with the head of the Boeing Co. there, and they, of course, said, "We didn't need them; we don't need people every day." He said, "We don't need these skills every day. We want to cooperate with the Employment Service, but frankly we have never been able to look to the Employment Service for any large number of people that we need in our industry; we have had to go out and recruit them ourselves."

That is about the picture in Wichita; they need to recruit large numbers of women; there is going to be a housing problem there for the women. Whether our national housing organization has been wide awake enough to meet that problem, I begin to have some question whether they have looked ahead on that. They have been thinking in terms of recruiting local women. I doubt very much if they are going to depend on local women, and they are facing, I think, a large problem of the migration of women into that area.

Senator PEPPER. It certainly is natural to assume that the housing problem and the manpower problem should work in the very closest relationship; that is, those who are solving the two problems, because you have housing facilities for people, and when you move people you have to have facilities for them.

Monsignor O'GRADY. That is right. I think there is one question in housing of which we have to become more and more aware, and that is the local attitudes. The mayor of the city wants a certain type of housing. Now, unfortunately, sometimes the mayor of the city is not always aware of the importance of this national situation; the fact that our first concern now in that town may be the building of planes rather than beautifying the city. Our first interest in that city, in Wichita, for instance, right now is the making of planes, and our first interest in Bridgeport right now is the making of planes and of guns, that is our first interest, and not just of beautifying the city of Bridgeport. And I think that problem has entered into it a good deal; local attitudes and local traditions and local prejudices.

And the same is true with this employment situation, that we have to face this as a national problem, not just as a city problem, a State

problem, and satisfy all the Governors of all the States and provide patronage for them.

Senator PEPPER. Is much being done toward providing living quarters in the homes of residents of these cities?

Monsignor O'GRADY. No; I don't think that there has been sufficient. The thing hasn't been interpreted to the people sufficiently yet any place. Now, there is a thing, I think, that should be the function of the manpower organization. That is basic, I would say. But again, of course, this Manpower Commission is supposed to have been set up in April, and now it is November, and in Wichita they told me—I said, "Do you know what this Manpower Commission is supposed to do?"

And they said they didn't know. These were personnel departments of industries.

Senator PEPPER. For example, suppose you should find an elderly or a middle-aged couple, two or three people living in a two- or three-story house, with several rooms relatively available there, whether or not it is imperative to build housing facilities, in view of the shortages of labor and critical materials, in those areas until at least the facilities that might reasonably be made available in private homes are used by some voluntary and patriotic cooperation by the local people.

Monsignor O'GRADY. I think there is an awful lot to be done on that; but I think that Government itself, and the national organization of Government has to do that. I think that ought to be a basic function of your Manpower Commission, War Manpower Commission. They ought to get out and interpret to the people of the community this thing as a patriotic duty.

Some of the women, I find, themselves have done a pretty good job on that. I notice in Bridgeport I found that the most effective. I canvassed about 50 women in the training school there from outside, and I wanted to find out about the difficulties they had in securing rooms, and I found that that is the way they got them. Some had difficulties at first, but through their friends, through somebody from their home town who had been in Bridgeport before, she looked around and found them a room. I think that that is one of the things, I think that some sort of temporary housing, the use of local facilities.

In agricultural labor you have got the same thing again; the fullest use of the local supply, the rationalizing of it, getting people to see that you can substitute, that the farmer doesn't need—the dairy farmer may need skilled labor to handle his cows, but he doesn't need them in everything on his farm. He has got to go to work himself, too. He can't go to work in a factory and hire labor to tend to his farm. It seems to me that the use of that, that is a local campaign.

Again, of course, in New England, well, the regional manpower commission has somebody off in Boston, and Boston doesn't have any large war industries, and we have got a committee in Boston, and that is that. That is manpower in New England.

In these critical centers they don't know who is the Director of Manpower; he has never had any representative in the area. They don't know what it means; the industries don't know what this War Manpower Commission means. They have read about it in the newspapers, and that is all they know about it.

So I think we have to present the program to the people locally if we want them to go along with us.

SENATOR PEPPER. Well, Monsignor, is it fair to ask you, or is it fair for you to say, that having been over practically all of this country, that this whole problem of production, manpower recruiting, distribution and use, housing facilities and the like, is one problem that has to be integrated?

MONSIGNOR O'GRADY. It is one problem. You take contractors. Now where we are continuing to develop new facilities in the Kansas City area, should we have so many new factories in the Kansas City area? Well, that is certainly related to manpower because they have been developed there.

I asked some of the officials of Pratt-Whitney why they were building that plant. This man said, "We understood there is a surplus of labor out there; we will need 30,000 in that area."

Certainly the building of a new airplane-engine factory in Kansas City involves manpower, 30,000 people, and it involves housing in Kansas City, and there is a question, therefore, of the volume of production that should be developed in the Kansas City area, as to how much can the Kansas City area stand.

Now I don't know that anybody is studying that problem as a unit, as one problem. I think that this problem, this program, has to be unified, and that there must be a unified approach to the problem.

For instance, Mr. Kaiser's officials come into Kansas City and keep on taking 125 people a day from Kansas City, and Kansas City can't stand that. Nobody is sitting down and thinking that out as one problem.

In Buffalo, for instance, here a month ago everybody was saying that there was a labor shortage in Buffalo. Then General Somervell announced that he was going to move some of the contracts out of Buffalo. The chamber of commerce then announced that there was no shortage and invited them to come and study it. Of course, the chamber of commerce is right in regard to the evidence. We don't know whether there is a shortage in Buffalo or not; we have no means of determining.

I said to the personnel director of Bell Air a couple of weeks ago, "Have you a shortage?" And he said, "We are running into a shortage." I said, "That is better; I have heard it said that there was a real shortage." I said, "How do you know that there is a shortage?" "Well," he said, "our lines aren't so long; we have got to remain open nights now in order to get people." Their employment office remains open at night.

Now, as a matter of fact, here is that debate on in the Buffalo area at the present time, the very debate going on between the chamber of commerce and the Federal officials. They say that the Federal officials haven't been on the scene, and that is true. We have nobody in Buffalo that is actually capable of determining, from the standpoint of our Government, whether there is a real shortage there or whether or not we should keep sending additional contracts into the Buffalo area, and we are not going to settle that by having a debate with the chamber of commerce of Buffalo about it.

DR. LAMB. On that point suppose you had the structure described in the Kilgore-Pepper bill, S. 2871, whereby you had for the city of Buffalo, or the Buffalo metropolitan area, a regional or district board to be composed of a representative from the Office of War Mobilization, the Chairman of that Board representing the Director

of War Mobilization; and as members of his district board you had representatives of the Office of Production and Supply or, as it is now, the War Production Board; and representatives of the Procurement Divisions of the Army and Navy operating in that area; and a representative of your Office of Manpower Supply as it is in the bill, or your War Manpower Commission as it is now; and possibly, for special consultation, a representative of the National Housing Administration called in to provide for any expansions that were going to take place—what would be the effect, do you think, on the operations in that area, of having that kind of centralized activity with a single Federal board responsible for checking these various related operations?

MONSIGNOR O'GRADY. I think you could decide whether or not Buffalo could stand any additional development. That is one of the questions that is being debated in the newspapers in Buffalo and by the chamber of commerce, as to whether or not it should have any additional contracts.

For instance, I assume that it would have a service that would maintain close contact with industry, because I think an awful lot depends on that, on the type of service you set up with the industries. I don't mean a service that just tags them, or anything like that, or, as it is now, issues directives to them, but a service that has its personnel in the plants day by day, in the two Curtiss-Wright plants and Bell Air, right in there.

DR. LAMB. You would start with the War Production Board and the Procurement Divisions having their representatives there, is that right?

MONSIGNOR O'GRADY. That is right.

DR. LAMB. And the Manpower Office having its labor utilization inspectors or inspector?

MONSIGNOR O'GRADY. That is right, he should be there.

DR. LAMB. So that both groups would have their own representatives operating inside the plants at all times?

MONSIGNOR O'GRADY. That is right. Then I suppose you could use this employment service for recruiting. Sometimes I wonder as to what its functions are. But I do think you need a service, as you point out, that is very close to the factories, that is right there, that represents your supply, your manpower.

Then I think housing is going to be close to the picture, probably much closer than we realize just now, and the full utilization of all local facilities for housing is going to be necessary. I think that is going to become more and more acute day by day, much more acute than it has been. I think that in the next 3 months it is going to become very acute.

SENATOR PEPPER. Under the set-up that Dr. Lamb mentioned to you it would be, in your opinion, would it not, a great asset to those regional offices to be part of a Nation-wide organization?

MONSIGNOR O'GRADY. To be a part of one organization, because I don't think you can separate it. It is one problem, the number of contracts you let in a particular area, the spreading out of the contracts, and the rationalization of labor.

SENATOR PEPPER. Your training program?

MONSIGNOR O'GRADY. Oh, yes, that is very important, because that whole training program needs to be reexamined all the time. For

instance, take the United Aircraft Corporation which includes Pratt-Whitney and has about six branches, they have decided to build up their own training program because they claim that existing training programs don't meet their needs. Those training programs have to be fitted in very closely with the plans of industry. Then, of course, you have to decide how much you are going to do within the plant itself.

Now only one in every four of Pratt-Whitney's people have any preemployment training—I think that is the ratio.

That whole training program, the whole recruiting program, you see, for industry, and how you are going to plan it, and what areas you are going to canvass, and whether or not Mr. Kaiser should be permitted to take several thousand people out of New York City or out of Kansas City, whether or not that is a good policy—I don't mean that you ought to just issue orders against Mr. Kaiser, but you ought to talk with him about it. A lot of these problems can be settled by the process of discussion, not necessarily by issuing directives all the time, because they don't amount to much unless you implement them.

Senator PEPPER. Well, isn't it a rather sad commentary on the efficiency of the national set-up that Mr. Kaiser apparently was left on his own to go all the way across the continent and choose his own place from which to get labor, and then have to transport it across the continent?

Monsignor O'GRADY. That is right.

Senator PEPPER. In other words, instead of that happening if there had been a regional and national set-up such as Dr. Lamb presupposed here a bit ago, then Mr. Kaiser wouldn't have been the one going out and making the selection as to the area from which he would get his labor, but he would go to a competent agency and tell his problem, and that agency, having access to its agencies all over the country, could look at the Nation and if it were proper to take some labor from somewhere, they could bring about the migration of that labor?

Monsignor O'GRADY. That is right.

Senator PEPPER. And presumably there might have been a place closer than New York from which the migration might have been obtained, if that were imperative?

Monsignor O'GRADY. Yes. For instance, recently they transported several hundred workers from Chicago to Washington at Government expense, to work on the farms, and I think about 150 of them decamped the moment they got there. At the same time it is quite clear that we have got an oversupply in Texas, and it is quite clear they could have secured all the workers they needed from Texas. But here they went to Chicago instead and recruited workers there. It is a question of planning.

It is really amazing to me the fact that we haven't caught on to the fact that we didn't have a plan. We have kept on talking about an Employment Service, and that the Employment Service should do this. But we have never sat down and studied the Employment Service and studied its limitations and its ability to do a job, we have assumed that somehow or other it was able to do it and we have kept on appropriating money for it.

I am one of those, I think, who has helped in developing this Employment Service, and I haven't any ax to grind or any reason to

criticize it other than I want to see the production of our Nation organized on an efficient basis so that we can succeed in the task that confronts every one of us. That is all I am interested in.

Senator PEPPER. Well, Monsignor, you have certainly given us a magnificent statement based upon a remarkably wide experience and a deep understanding of the whole problem.

We are very much obliged to you and I am sure that this record is going to be very helpful in approaching this problem. You have just emphasized how absurd it is to put the cart before the horse and starting to talk about compulsion in ordering people around all over the country, when we haven't yet worked out any machinery that is decently adequate to deal with those who are willing to volunteer.

Monsignor O'GRADY. That is right.

Senator PEPPER. I would like to announce that this afternoon Dr. Lahey, head of the Procurement and Assignment Board of the War Manpower Commission will appear at 2 o'clock, and I think you will find that he will have some things of interest to say relative to certain aspects of this problem.

Thank you very much again, Monsignor.

(Whereupon, at 12:15 p. m., the committee adjourned until 2 p. m. of the same day.)

AFTERNOON SESSION

(The committee reconvened at 2 o'clock, pursuant to adjournment.)

Senator PEPPER. Doctor, if you will state your full name and connection, and then give any statement you care to make on this whole subject of manpower, public health, or the doctor angle of the situation, we will thank you very much.

STATEMENT OF DR. FRANK H. LAHEY, CHAIRMAN, CENTRAL BOARD OF PROCUREMENT AND ASSIGNMENT, ACCOMPANIED BY COMMANDER MAXWELL E. LAPHAM, UNITED STATES NAVY

Dr. LAHEY. I am Dr. Frank H. Lahey, Chairman of the Central Board of Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, a division of the War Manpower Commission.

I don't know just what you would like to know about the general situation.

Senator PEPPER. Well, what are the duties of the agency of which you are the chairman?

Dr. LAHEY. May I go back to what promoted the creation of this agency, Senator?

Senator PEPPER. Good.

Dr. LAHEY. They are that we all had the feeling, all physicians who participated in the last war, felt that the obtaining of doctors then was so poorly planned that certain areas of depletion developed.

In addition to that we had known the English experience in meeting the needs of the armed forces and we knew that they had arrived at a quota-system plan in order to allocate equitably limited number of doctors.

The National Committee on Medical Preparedness of the American Medical Association met to discuss this problem—I happened at that time to be the president of the American Medical Association—and it suggested that in order to avoid depletion and to be able to obtain an

adequate number of doctors for the armed forces, in all the branches, and still be able to retain enough for industry, hospitals, and civilian population, it would require some over-all program or plan of obtaining and distributing them.

After presentation of the proposed program by Mr. McNutt to the President an Executive order was issued creating this board. Dr. James Paullin, of Atlanta, was appointed a member; Dr. Harry B. Stone, of Baltimore; Dr. Leonard Camalier, of Washington, representing the dentists; and Dr. Harold Diehl, of Minneapolis, were appointed members, with myself as chairman.

Previous to even the establishment of this plan the American Medical Association, through its national committee on medical preparedness, had foreseen the possibility of war and the needs for knowing something about the doctors. This group established a national roster of physicians on their own hook and at their own expense, in which they had all the doctors of the United States tabulated, as to their training, age, and need in the community.

Then along came the appointment of the Procurement and Assignment Service, and the work was turned over to them. Then a second questionnaire went out, 250,000 of those went out to doctors, dentists, and veterinarians, and those were then returned.

In those questionnaires the doctors were given four choices:

1. Will you go in the Navy?
2. Will you go in the Army?
3. Will you be relocated elsewhere?
4. Do you wish to remain where you are and participate in the war through your efforts where you are?

They all answered, and those questionnaires have been tabulated. So we know what their preferences are.

Then, in order to be certain that we had viewed the situation as an all-over picture, quotas were established for the various States, and in establishing these quotas weight was given to the fact that there are more doctors, for instance, in New York than there are in the rural communities of your State, Senator Hill, of which I happen to know something. The quotas were weighted to counterbalance, as near as possible, the needs, and these quotas were established for each State in proportion to the pre-war number of active private practitioners weighted by the ratio of physicians of this category to the population. Those quotas have been overmet in some States, and undermet in others.

You must remember that at the request of the medical profession—in order that we can place the responsibility directly—recruitment has been done on a voluntary basis, and the Procurement and Assignment Service possesses now no compulsory power either to compel a man to enter the service or to compel him to remain where he is presently located. But on the other hand, Procurement and Assignment Service set its organization up on what seemed—and does to me—quite an ideally democratic basis. It established an organization with a central office in Washington, a consultant office in Chicago, nine corps area committees acting in an advisory capacity, and State, district, and county committees. The duties of State and local committees have included the determination of essentiality and availability of physicians, dentists, and veterinarians either as individuals or as members of staffs of institutions dealing with medical problems.

So the country was divided, in terms of its doctors, dentists, and veterinarians, into available and essential persons. The Army has been interested in obtaining physicians 45 or under, literally 37 years of age or under with troops. They have said that for troops they would like 37 or under and for specialists they would like between 37 and 45.

So we really had the situation quite well in hand, as I think I can show you, because, while we possessed no authority, we thought we could acquire it through the Selective Service.

A letter to this effect was sent to each individual who had signified his willingness to serve, in which was roughly this statement:

You are within the draft age; you have signified in a questionnaire your willingness to serve; you have been investigated by Procurement and Assignment and have been found available for military service. You are therefore directed to seek a commission.

At the same time Selective Service headquarters in each State was notified to this effect:

John Smith has signified his willingness to serve in the armed forces and can be spared from his community; he is within the draft age. This information is given to you to decide whether or not you desire reclassification of this individual.

On April 28 there had been issued from General Hershey's headquarters a directive which said that any medical officer because he obtains a commission has sufficient income so that he may not claim exemption on the basis of dependency—that gave us a good deal of authority, it seemed to us, indirectly except—and this isn't critical, I have to state the facts—immediately upon the action of Congress that a man must be classified on the basis of dependents it was realized that we had no authority over physicians, regardless of their ability to obtain a commission or not.

In this same way we have no authority to tell a man that he must stay in civilian practice, if he seems to be essential.

Senator PEPPER (interposing). Now, the Army that takes him of course could do something about it, couldn't they, or the Navy?

Dr. LAHEY, Commander, will you answer that?

Commander LAPHAM. The Army and the Navy, I think, have cooperated very well in that respect.

Senator PEPPER. Suppose a man has presented himself from some area where there was a shortage of doctors already; is he allowed by the Army or the Navy to get a commission?

Commander LAPHAM. No, sir; he wouldn't be commissioned unless he had been cleared through Procurement and Assignment, that is until we had said that he was available for military service.

Dr. LAHEY. He means that if we marked him "essential," the Army wouldn't take him.

Senator HILL. You mean essential in carrying out the private practice in that community?

Commander LAPHAM. Yes, sir.

Dr. LAHEY. In providing adequate care for that community.

Senator PEPPER. Is it a fact, for instance, that in the State of South Carolina there is a vast overage in the number of doctors that they have contributed in excess of their quota?

Commander LAPHAM. That is right.

Senator PEPPER. How did that happen?

Commander LAPHAM. South Carolina has—

Senator PEPPER (interposing). Do you have the quotas there, and would you think it proper that they be put in the record? If it is proper, I would like to have them in the record, wouldn't you think so, Senator Hill?

Senator HILL. Most of that information is in another hearing, Mr. Chairman, and I think we ought to have it in ours unless there is some reason that it shouldn't be in. As I recall it, the State of Oklahoma is 160 percent.

Commander LAPHAM. South Carolina has filled 170 percent of its quota.

Dr. LAHEY. New Mexico is 224.

Commander LAPHAM. Alabama has filled 194 percent of its quota.

Senator PEPPER. What about Florida?

Commander LAPHAM. Florida has supplied 115 percent of its quota.

Senator PEPPER. Suppose, at the conclusion of the hearing, you tender that. You may identify it now if you don't mind, and then offer a copy for the record, Commander.

Commander LAPHAM. That is a list of the medical officers on active duty, by States, and percentages of quotas, as of September 30, 1942. (The list referred to is as follows:)

TABLE 1.—Medical officers on extended active duty by States and percentage of quota, Sept. 30, 1942

State	Cumulative total	Percent of quota	State	Cumulative total	Percent of quota
Grand total	37,736		Maryland	563	104
Less:			Massachusetts	1,358	73
Regular Army and Navy	2,386		Michigan	1,212	114
Colonial and foreign	232		Minnesota	683	91
Total, Continental United States	35,118	84	Mississippi	211	152
Total credited to States	32,884	91	Missouri	838	98
Alabama	343	191	Montana	83	112
Arizona	136	131	Nebraska	238	85
Arkansas	272	119	Nevada	20	30
California	1,978	76	New Hampshire	98	82
Colorado	372	120	New Jersey	1,360	100
Connecticut	461	70	New Mexico	92	224
Delaware	96	145	New York	6,070	71
District of Columbia	428	76	North Carolina	510	160
Florida	475	115	North Dakota	70	108
Georgia	509	145	Ohio	1,890	191
Idaho	83	160	Oklahoma	271	129
Illinois	1,942	72	Oregon	293	103
Indiana	950	138	Pennsylvania	2,134	88
Iowa	572	107	Rhode Island	187	90
Kansas	330	106	South Carolina	594	170
Kentucky	527	165	South Dakota	63	137
Louisiana	652	206	Tennessee	247	158
Maine	178	122	Texas	1,278	140
			Utah	95	106
			Vermont	96	93
			Virginia	510	135
			Washington	411	115
			West Virginia	317	143
			Wisconsin	459	81
			Wyoming	58	138

Senator PEPPER. And those quotas are those described by Dr. Lahey in his previous testimony?

Dr. LAHEY. That is right. Would you like any more facts as to how these quotas were established?

Senator PEPPER. Yes.

Dr. LAHEY. You might be interested in knowing how difficult it is to prevent a man from going into the service.

I have just read a paper on the subject before the Interstate Post-graduate Assembly in Chicago, last Wednesday. The physician has every reason for going into the service. He has his standing in the community, he has the pressure of the community; and there is something you don't think of, he has the pressure of his wife who in turn has the pressure of the wife whose husband has already gone into the service.

Besides that he has another thing that you don't think of, and he has the right, it seems to me, to consider it. He has to consider where he will be when the war is over, in terms of the man who has gone and the man who has not gone, because I went through the last war and I know what the reaction is.

After all, you can talk about it, but within the medical societies and the inner sanctums where some of the decisions are made, the division has been made between those who served and those who did not—and he knows that.

So after all, even though we tell him to stay, and even though he knows that the community needs him, sometimes his patriotism—and I mean pure, unadulterated patriotism—and even personal interest, prompts him to disregard his need at home and apply for a commission.

Senator PEPPER. Which indicates what may be the difficulty, if not the injustice, of making it a matter of personal decision as to whether he shall be in the service or out of it?

Dr. LAHEY. Senator Pepper, you and I know that if there could be some way whereby the responsibility for the decision could be taken off the man, or even if it could be lessened to a degree where I could say to a man—and this, too, is in the paper—if I could say to a man, "You have to remain in civilian practice, but here is a uniform and you are on detached service without pay until you are no longer essential in your civilian capacity, and this saves you from saying to everybody who raises his eyebrows at you, 'This is the reason I am not in the service.'" That would be very helpful.

You could give him a button—we have talked about that—but there are so many buttons that no one would know what it was, and if you have a button you have to explain what it indicates, and if you have a certificate you have to get it out and ask somebody to read it.

Senator HILL. Doctor, the very statement you made is one reason that I have been so strong for a national service act. I think we will all agree that every person ought to serve in the place where that person is most needed and can make the greatest contribution to the war effort. Yet for 150 years in this country we have thought of a war effort in terms of an Army and Navy, and naturally the urge of patriotism drives men, and drives public sentiment to drive men, to the Army and the Navy.

A national service act, which would mean a total mobilization of all of our people, men and women—under such an act the Government would make the decision, the Government would make this determination.

The Government would say to Mr. Smith, "You can make your greatest contribution in the Army, we will take you in the Army." "Mr. Jones, you can make your greatest contribution by remaining home and dealing with the medical needs of your community; therefore, you stay at home."

Dr. LAHEY. That would relieve us of being in the paradoxical position of saying, "You go," and "You stay," and from being in the paradoxical position of saying that you shouldn't deplete the States while at the same time encouraging recruitment for the armed services. Senator HILL. And the truth of the business is this, that up to date—

Dr. LAHEY (interposing). They have done pretty well on the whole. Senator HILL (continuing). Up to date, although you have done pretty well, you haven't been able to say that "You can't go" to anyone? Dr. LAHEY. We haven't been able to do that at all.

Senator HILL. As you say, these figures here show Alabama—194 percent, New Mexico, I believe you said was 224—I know of a county in my State of Alabama where, before this war came, they had seven doctors, practitioners. Today, outside of the county health officer, and of course he is not a practitioner, they have only one practitioner in that entire county—and most of them are either in the Army or the Navy, under the urge of patriotism. Those men have gone, but some of them should have been designated to remain at home and carry on their work.

Dr. LAHEY. I know Procurement and Assignment has made lots of mistakes. I wouldn't for anything have you think that we think it is perfect, it is far from it. After all, here has been a very urgent problem, done quickly, requiring a quick set-up and speedy results. But the one thing I would like to get before you clearly is that on the whole the medical profession has done pretty well; it has met the demands of the Army and Navy.

But I should say that the greatest criticism of it has been that it has been uneven in the participation as to States.

Senator HILL. But as you say, it did not lie within your power to bring about that evenness?

Dr. LAHEY. We thought we had it pretty well controlled, inasmuch as 84,000 physicians in the United States were under 45 years of age—we had it pretty well in line as long as we had the pressure of Selective Service on them, and until they could fall back upon the fact that a married man did not come under this—we had them pretty well up to that time. In fact, we all sat around and thought that our headache was pretty much over when we sent this letter out directing them to seek commissions and asking Selective Service to reclassify them.

Senator HILL. What was the date of that letter, Doctor?

Commander LAPHAM. That was in June, sometime.

Dr. LAHEY. It was immediately before the legislation passed Congress.

(Forms used by Procurement and Assignment Service here referred to are set out below.)

FORM 88

OFFICE FOR EMERGENCY MANAGEMENT
WAR MANPOWER COMMISSION
Washington, D. C.

Chairman
PAUL V. McNUTT
FEDERAL SECURITY ADMINISTRATOR
Procurement and Assignment Service
for Physicians, Dentists, and
Veterinarians

JUNE 24, 1942.

Memorandum.

To: State and Corps Area Chairmen, Procurement and Assignment Service.

Subject: The Assignment of Physicians to Meet the Needs of the Armed Forces for 1942.

At its meeting on May 18, 1942, the Directing Board of the Procurement and Assignment Service authorized the following procedures to supply the needs of the armed forces for physicians up to December 31, 1942.

1. A quota which each State should supply has been computed taking into consideration the physician-population ratio in that State and the number of physicians already commissioned therefrom.

2. All new commissions issued in a State will be counted toward the quota of that State, whether these commissions are issued upon voluntary application by physicians, upon applications requested by Selective Service or by Procurement and Assignment Service, or upon contacts made by the special Recruiting Boards for medical officers.

3. Physicians who have enrolled with the Procurement and Assignment Service and who were in the first draft registration, that is under the age of 36 years on October 16, 1940, shall be called as needed to fill the 1942 requirements of the armed forces, except for those who are considered essential for the care of the civilian population by the State Committee of the Procurement and Assignment Service.

4. The names for these lists will be selected by chance, from an alphabetical list of the physicians in the State in the age group desired, utilizing first the lists of those who have indicated Army or Navy service as first or second choice and, second, the list of all others in the age group desired.

5. The names thus selected will be cleared through the Chicago office of Dr. Leland and the State chairmen.

6. Those individuals who are cleared and available will be given assignments by letter to apply immediately for commission.

7. When these letters are mailed a list of the names will be furnished to the State chairmen. The State chairmen should at once request the State directors of Selective Service to give consideration to the immediate reclassification of these physicians because they are not considered essential in their present situations by Procurement and Assignment Service and consequently have been requested to apply immediately for their commissions.

8. The tentative quota for the State of _____ is _____ from May 1 to December 31, 1942. From this total may be deducted the number of commissions issued to physicians in the State since the first of May. As later data become available on the number of physicians commissioned you will be informed. Not less than one-half of this remaining quota should be filled by August 1, the balance by December 31, 1942.

For the Directing Board:

FRANK H. LAHEY, M. D.,
Chairman.

OFFICE FOR EMERGENCY MANAGEMENT

OFFICE OF DEFENSE HEALTH AND WELFARE SERVICES

Washington, D. C.

Director
FEDERAL SECURITY ADMINISTRATOR

Procurement and Assignment Service

Board:

Frank H. Lahey, M. D., *Chairman*
 Harvey B. Stone, M. D.
 James E. Paulin, M. D.
 Harold S. Diehl, M. D.
 C. Willard Cammiller, D. D. S.
 Sam F. Seeley, M. D., *Executive Officer*

DEAR DOCTOR: When you returned your enrollment form you indicated your first preference for service in the Navy. This letter is evidence that you have now been released by the Procurement and Assignment Service to enter upon the service of your preference, and an indication that YOU SHOULD APPLY FOR A COMMISSION AT ONCE. You have been chosen from among the available physicians by a method of random selection that is entirely without discrimination.

This information has been transmitted to the Office of the Surgeon General, Navy Department, which will either contact you direct or through the Office of Naval Officer Procurement in your district.

Please be prepared to go on active duty, but do not take any definite action regarding your practice until you receive specific instructions about your commission. Each physician who is commissioned is routinely allowed fourteen days to wind up his affairs. Should a longer period of time be required, you would have to obtain permission from the Navy Department.

Please do not delay in carrying out this important request.

By order of the Directing Board, Procurement and Assignment Service:

SAM F. SEELEY,
Executive Officer.

OFFICE FOR EMERGENCY MANAGEMENT

WAR MANPOWER COMMISSION

Washington, D. C.

Chairman
 PAUL V. McNUTT
 FEDERAL SECURITY ADMINISTRATOR

Procurement and Assignment
 Service for Physicians, Den-
 tists, and Veterinarians

DEAR DOCTOR: You have indicated your willingness to serve the Nation in this great emergency. The Procurement and Assignment Service of the War Manpower Commission now calls on you to enter the Service. Please apply at once for a commission. You have been selected from among the available physicians in your community by a process that is believed to be fair and impartial. The Surgeon General, United States Army, has been notified of this action.

Complete and mail the enclosed post cards immediately. The Office of the Surgeon General or his representative will provide the necessary application forms and authorize the time and the place for your physical examination.

Do not take any definite action regarding your practice until you receive specific instructions from the War Department. Each physician who is commissioned is routinely allowed fourteen days to wind up his affairs after receipt of orders from the War Department.

The rapidity of recruitment now in effect makes this communication necessary, and requires your full cooperation. Please do not delay.

Sincerely yours,

FRANK H. LAHEY, M. D.,

Chairman, Directing Board, Procurement and Assignment Service.

Enclosures.

[Copy of cards]

Office for Emergency Management
 WAR MANPOWER COMMISSION
 Procurement and Assignment Service for
 Physicians, Dentists, and Veterinarians
 Washington, D. C.

PENALTY FOR PRIVATE USE TO AVOID
 PAYMENT OF POSTAGE, \$300

THE SURGEON GENERAL

UNITED STATES ARMY,

WASHINGTON, D. C.

[Reverse side]

PLEASE PRINT
 NAME AND ADDRESS

[Date]

In accordance with a request of the Procurement and Assignment Service for Physicians, Dentists, and Veterans, War Manpower Commission, I hereby apply for a commission in the [Medical] [Dental] [Veterinary] Corps, Army of the United States, and agree to accept same if offered.

[Name]

[Address]

[Signature]

Office for Emergency Management
 WAR MANPOWER COMMISSION
 Procurement and Assignment Service
 Washington, D. C.

PENALTY FOR PRIVATE USE TO AVOID
 PAYMENT OF POSTAGE, \$300

WAR MANPOWER COMMISSION,
 PROCUREMENT AND ASSIGNMENT SERVICE,
 WASHINGTON, D. C.

[Reverse side]

I received my assignment on _____ [Date]

I forwarded application for a commission to _____

ON _____ [Date]

[Name]

[Address]

[Date]

FORM 88

Senator PEPPER. Have you got into the service most of the doctors who are not married, under 45?

Dr. LAHEY. Yes; we have most of them, but let me illustrate that. There are still—and this I think is really an injustice Commander Lapham and I were talking about it this morning—there are still the States that have not met their quotas—California, Illinois, Pennsylvania, New York, and Massachusetts, and there are still a number of doctors in those States who are single, available, who haven't gone. As a result of this, unequal pressure will be put on institutions, medical schools, and hospitals in other States who have met their quotas, in order to meet the Army, Navy, and aviation demands.

Senator HILL. It is true that a man under 45 years of age is subject to draft, and when inducted into service they could be detailed to do medical work.

Dr. LAHEY. You wouldn't have to worry about that, it would probably do them good to get 2 or 3 months of drilling, and then they would be commissioned and put into medical corps.

Senator HILL. I should think they would be put in almost immediately.

Dr. LAHEY. I have no doubt about that.

Senator PEPPER. Is that the reason those States are behind in their contribution, because there happen to be more married men in those States?

Dr. LAHEY. Possibly. And of course they didn't have quite the enthusiasm as in other States.

Senator HILL. In a State where you have a large rural population you have your small cities, your small centers, and pressure is strong. In a little town of 2,500 to 4,000 where everybody knows everybody else, the pressure is much stronger than it would be in a great city like Boston or New York.

Dr. LAHEY. That is right. And I would like to tell you too—and I mean this sincerely and it isn't said critically—I just can't help but be impressed by the fact that the patriotism is higher in the smaller places. I don't know what there is about the city that dilutes it, but when you look at these figures indicating the number of men that come out of the rural communities, you can't avoid that conclusion, and when somebody says that the reason for that is that they can get better jobs in the Army, that doesn't hold water—

Senator HILL (interposing). In that connection have you made a break-down in one of these States that is under its quota, to see how the rural sections of that State compare with the urban sections?

Dr. LAHEY. We happen to have New York, which is a pretty good State. We know that New York happens to have a chairman and a vice chairman. The chairman for Procurement and Assignment is in New York and the vice chairman is in the northern part of the State. That part has done infinitely better in enlistment of physicians than New York has, that is New York City.

Commander LAPHAM. We have here, however, a list of the percentages of the physicians, the effective physicians in every State, who are on active duty now either in the Army or Navy, as compared with the percentage of rural population in each State according to the 1940 census.

Dr. LAHEY. Ask him as to any State what percentage you want to know—22 percent is the average number of doctors—

Commander LAPHAM (interposing). Of effective physicians.

Dr. LAHEY. You must remember that there are 30,000 over 65 years of age, and we have arbitrarily set those—because they run to 102—at 33 percent efficient, which means, in terms of manpower that you have got 10,000 efficient out of the 30,000.

Now if you ask him as to any State he can give you the percentage as it relates to urban and suburban.

Senator HILL. We have been talking about the State of New York. You might follow through on that.

Commander LAPHAM. As Dr. Lahey says, the percentage of effective physicians throughout the country who are in service is about 22 per-

cent. In New York 26 percent of the effective physicians are on active duty now, whereas the rural population is only 17.2 percent, according to the census of 1940.

Alabama, which has 18 percent of its effective physicians in the service, has a rural population of 69.8. So that actually New York has not done so badly in relation to some rural States.

Senator PEPPER. You mean that that percentage of its total rural population is in the Army?

Commander LAPHAM. No; this refers to the percentage of the total population which is rural.

Dr. LAHEY. We have been interested in trying to keep track as to what is happening to the rural population. Of course, Senator Pepper and Senator Hill, everybody who looks at this problem sensibly knows that the basic error in terms of being able to accomplish what we would all like, is compulsion.

Senator HILL. I was going to make an observation. It goes right back to the same proposition that we had in the days before we had our Selective Service, with reference to our armed forces, to the old volunteer system. You simply cannot get your maximum results from any kind of a volunteer system. You couldn't build your Army as you should build it, under a volunteer system.

The British made a terrible mistake during the last war of starting out with a volunteer system, when the flower of Britain's manhood was killed off in the early days of the war, and during the latter days of the war they didn't have this fine young manhood to be officers. We profited by their mistake and as soon as we went into the war, following the leadership of the President, we passed this Selective Service Act.

I think we are going to reach the same conclusion—we are speaking now of a total war, such as we are in—we are going to have the Selective Service System extended to the entire population, and I think these figures show that.

Commander LAPHAM. On the other hand, sir, from the standpoint of the physicians in this country, they have done remarkably well. There are 10,000 more physicians in the service now than there were at the end of the last war.

Senator HILL. Oh, let me say this to you, I hope nothing that I have said to you will be construed in any way as a criticism; they have done wonderfully well. But you can't gage this thing today by men going into the armed services. In a total war you have got to be put on a basis, as I have said, of meeting your over-all needs, your total needs, your civilian needs as well as your military and naval needs, and the only way in my opinion that you can meet those needs, on the most efficient basis, is by an over-all selective service.

All honor to the doctors for the way they have responded, I am sure there is no group in America that has responded any finer than they have.

Dr. LAHEY. What happens under this system is that the Army, the Navy, and aviation requisition what they want in the way of doctors. Whether they requisition more than they want, in order to be on the safe side, that is not our business and we don't know.

Senator PEPPER. Before we get away from this other point, would you think it all right to put that statement into the record, Commander?

Commander LAPHAM. It is somewhat incomplete but I will have it brought up to date and then I will send it down to you.

Senator PEPPER. If you will, please. Will you state the title for the record?

Commander LAPHAM. Private Practitioners on Extended Active Duty, September 30, 1942 (estimated), as Percent of Active Private Practitioners (Pre-War), with a comparison to the percentage of rural population in each State according to the census of 1940.

Senator PEPPER. Thank you very much. That will be put into the record at this point, when furnished.

(The document referred to is as follows:)

TABLE 2.—1942 quota of physicians, and physicians on extended active duty as of Sept. 30, 1942, as percent of active physicians (pre-war), by State, and percent of rural population, 1940

State	States' quota of physicians, 1942, as percent of active physicians, prewar ¹	Physicians on extended active duty, Sept. 30, 1942, as percent of active physicians, prewar ²	Rural population, 1940, as percent of total population, 1940 ³	State	States' quota of physicians, 1942, as percent of active physicians, prewar ¹	Physicians on extended active duty, Sept. 30, 1942, as percent of active physicians, prewar ²	Rural population, 1940, as percent of total population, 1940 ³
Total, all States ⁴	24.3	22.9	43.5	Missouri	22.0	21.7	48.2
Alabama	10.4	30.2	68.8	Montana	15.7	27.7	22.2
Arizona	16.8	25.4	63.2	Nebraska	21.9	19.3	60.6
Arkansas	14.9	17.8	77.8	Nevada	22.8	13.4	60.7
California	27.7	21.0	28.0	New Hampshire	23.3	19.1	42.4
Colorado	23.4	28.2	47.4	New Jersey	26.5	36.8	18.4
Connecticut	25.6	18.1	32.2	New Mexico	10.9	24.5	68.6
Delaware	21.9	31.9	47.7	New York	36.5	26.1	17.2
District of Columbia	34.3	26.0	0	North Carolina	13.3	21.3	72.7
Florida	21.6	24.9	44.9	North Dakota	14.4	15.6	79.4
Georgia	15.4	22.3	65.6	Ohio	23.8	24.8	33.2
Idaho	13.8	22.0	66.3	Oklahoma	15.7	26.2	62.4
Illinois	28.4	18.9	26.4	Oregon	21.7	22.3	31.2
Indiana	21.3	28.3	44.9	Pennsylvania	24.4	21.4	33.5
Iowa	21.5	23.0	57.3	Rhode Island	25.3	21.1	8.4
Kansas	19.7	20.8	58.1	South Carolina	12.6	21.4	75.5
Kentucky	14.6	24.1	70.2	South Dakota	11.7	16.0	75.4
Louisiana	16.1	33.1	38.3	Tennessee	22.2	23.2	63.8
Maine	19.2	23.4	59.5	Texas	17.4	24.4	54.6
Maryland	24.4	24.2	40.7	Utah	18.0	19.0	41.5
Massachusetts	29.4	21.5	10.6	Vermont	21.1	22.5	28.7
Michigan	30.0	22.9	34.3	Virginia	16.4	22.1	64.7
Minnesota	23.1	21.6	41.2	Washington	28.1	22.6	69.9
Mississippi	11.0	17.0	80.2	West Virginia	14.2	20.3	71.9
				Wisconsin	19.6	15.6	46.5
				Wyoming	15.9	24.3	62.7

¹The number of physicians in the pre-war period (i. e., late 1941, but corrected for deaths through Mar. 31, 1942) was obtained from the census conducted by the Committee on Medical Preparedness of the American Medical Association. Physicians serving in the Regular (pre-war) Army, Navy, and United States Public Health Service, Interns, and residents have been excluded. ²Active physicians have been estimated by excluding two-thirds of all physicians 65 years of age and over. The resulting figures thus include both private practitioners and physicians employed full time in State and local official health agencies, medical schools, industrial plants, etc. The use of this base in the computation of the percentages shown here is necessary, since both private practitioners and physicians holding full-time appointments, not in private practice, contribute to the States' quotas. However, the allocation of the States' quota for 1942 was made in proportion to the pre-war number of active private practitioners weighted by the ratio of physicians of this category to the population.

³The number of physicians on extended active duty as of September 30, 1942, was obtained from reports to the Procurement and Assignment Service from the Adjutant General of the Army and the Bureau of Naval Personnel of the Navy (table No. 24, Oct. 24, 1942).

⁴Source: Urban and Rural Population of the United States, Farm and Nonfarm, by Regions, Divisions, and States: 1940. U. S. Department of Commerce, Bureau of the Census, Washington, D. C., Series P-10, No. 2, Feb. 27, 1942.

⁵The percentages shown in columns 1 and 2 represent totals for the States; they are exclusive of interns and residents who are allocated to and credited toward a central quota.

Senator PEPPER. Now, Doctor, on this last point that you just suggested, you act upon the directions of the Army and Navy and Air Service in the procurement of physicians?

Dr. LAHEY. Yes; they set a figure as to what they want.

Senator PEPPER. And it is your job to get it?

Dr. LAHEY. Yes; and this I would like to get before you, that we not only have the figure that they requested by January 1, 1943, but we are around 127 ahead of them to date, having more than met the 1942 quota.

Senator PEPPER. In other words, like the draft boards, you have met your quota?

Dr. LAHEY. Yes, sir.

Senator PEPPER. Do they tell you what sections of the country they are to come from?

Dr. LAHEY. No, sir.

Senator PEPPER. Did they give you the various classifications that they wanted, or did they tell you to get so many doctors?

Dr. LAHEY. They set certain standards as to age groups.

Senator PEPPER. As you said awhile ago, less than 45, or less than 37, for troop service?

Dr. LAHEY. Yes.

Senator PEPPER. You are primarily, then, the medical procurement agency or the doctor procurement agency for the armed services?

Dr. LAHEY. That is right; that is the purpose of this Service.

Senator PEPPER. Did anybody in the Government, so far as you know, at the time they gave you one of those requisitions, consider that requisition, either at that point or before it was issued, to determine whether or not in the first place the Army needed that many doctors in comparison with their needs and in comparison with what other countries similarly situated were using; and if they needed that many, whether they needed them all at that time or not; or whether the civilian population could afford to give up that many doctors without, as Senator Hill pointed out, the total war effort in another direction being hampered? Was there an such over-all decision ever made on such a requisition to your knowledge?

Dr. LAHEY. That question presents quite a large order, but I should say that in general the answer to it would be no.

Senator PEPPER. In other words, the Board, of which you are the distinguished Chairman, did not consider that you had the authority to pass on the propriety or accuracy or excessiveness of these requisitions. Your job was to fill the quota?

Dr. LAHEY. I would put it this way: At no time—and this isn't critical—have we been consulted as to the authenticity of figures. We only get a requisition, such as from Aviation. The first one was, "We want 6,100 doctors by January 1, 1943." Recently they requested 2,400 more. And from the Army, without stating the figures—although I talked with both Surgeons General this morning so they would know I was coming here—they thought it best not to quote definite figures, they say, "We want this many doctors by the end of the year." Left to us was the problem of trying to protect the public.

Senator PEPPER. Do you know whether the head of the Public Health Service was ever consulted by the Army or the armed services to know whether the civilian population could give up that many doctors or not? Commander LAPHAM. Not that I know of.

Dr. LAHEY. But he and his representatives have been in on a good bit of the consideration of all of these problems.

Senator PEPPER. But you don't know of any board, of your personal knowledge, or any agency, which has sat down and viewed this over-all problem of the needs for medical services by the armed forces and also by the civilian population?

Commander LAPHAM. Except our own Board.

Senator PEPPER. And as you say, your own Board did not have authority to do that.

Commander LAPHAM. That is right.

Dr. LAHEY. Of course, as long as there is a surplus of physicians it is easy—that we all know—it is only when we get toward the bottom of the barrel that you really get down to the need for consideration, and without being dramatic about it, from the standpoint of our responsibility to the public. We consider that we are getting close to the bottom of the barrel.

Senator PEPPER. And in some areas—

Dr. LAHEY (interposing). We are at the bottom. Because of that I have had in my mind—and I am sure the other members of the Board have had in their minds—the need of a better coordinated effort and a better explanation as to why these men are wanted. So next Saturday morning we have requested that the Surgeon General of the Army, the Surgeon General of the Navy, of Aviation, of Public Health, General Hershey, a representative of the Secretary of War, and Mr. McNutt be present at a meeting, and that we then discuss the willingness of everybody to coordinate the over-all needs for medical care. Perhaps this is old but it seems to me that what has been going on is that over here is a group that have only one responsibility—I don't mean at all to be critical of the Surgeon General, because after all they have a sentimental side and a real one, they say, "These boys are going to lose their lives, and they are going to be wounded, it is your boy and it is mine, and we want them to have the best care, nothing less."

That is a nice sentiment, but we have got to review this thing not from that point of view but from the point of view—again without being dramatic or heroic—that there can be no army and there can be no navy unless the civilian population, industry, medical schools, and hospitals are being maintained on the same level.

So, without endeavoring to make a speech, I have tried to get these men together, and as now set up, on next Saturday we will sit down and say just what I have said to you, that the happy days of surplus are over.

Senator PEPPER. But, Doctor, unless you are vested with some authority different from what you already possess, when you have this conference and you have made that very able speech of which you are capable, then these gentlemen can say, "Thank you very much Doctor, Boston is a lovely city, we hope we may drop in and see you sometime, we enjoyed hearing you"—and then walk right out and send you another directive. There isn't much you can do about it, I would assume, the way the thing is presently organized.

It is a familiar story to us, of course, because we have been seeing the same thing happen in other areas where, for example, men are being pulled out of key positions in industry, all over the country. We are not blaming the Army for wanting them because they have got a job to do.

Senator HILL. But the same pattern follows right through.

Dr. LAHEY. I am always a little sensitive lest I be thought critical, because after all I came to Washington a little uncertain about what I would be able to accomplish after functioning more or less as a beneficent dictator in a clinic where I could hire and fire and not be accountable to anyone. But I will say that really I have received excellent and complete cooperation and willingness, and with respect to the surgeons general's teams, when we said to them, "These States are overdrawn and we want the recruiting teams out," they were withdrawn, and we have now recruiting teams only in the five States that are below their quotas.

Dr. LAMB. How long has that been, Doctor?

Dr. LAHEY. I can't tell you.

Commander LAPHAM. They have been withdrawn from time to time for approximately the past 3 months.

Dr. LAMB. When were those recruiting teams stopped except for these five States?

Commander LAPHAM. As a matter of fact they are being withdrawn from some States now, but very shortly after we requested them to do so they usually have withdrawn their recruiting teams.

Dr. LAHEY. And there is a directive, an order from General Ulio, that they shall be taken out.

Dr. LAMB. What is the date of that?

Commander LAPHAM. October 21, 1942.

(The order referred to is here inserted.)

WAR DEPARTMENT
SERVICES OF SUPPLY
Office of the Adjutant General
Washington

MEMORANDUM }
No. 8005-14-42 }

OCTOBER 21, 1942.

DISCONTINUANCE OF MEDICAL OFFICER RECRUITING BOARDS

1. The War Manpower Commission has established quotas for the number of physicians available to the armed forces and the number that are essential to local communities. Instructions have been issued by the Secretary of War that appointments in the Medical Corps, Army of the United States, will not be made of physicians who are designated by the War Manpower Commission as essential to a community.
2. The allotted quota of medical officers has been reached in all but a few states. It is desired, therefore, that the activities of medical officer recruiting boards be terminated in all states except California, Illinois, Pennsylvania, New York, and Massachusetts.
3. A report of the date on which existing boards are disbanded will be submitted to the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, War Manpower Commission, Washington, D. C.

By command of Lieutenant General SOMERVILLE:

/s/ J. A. Ulio,
J. A. Ulio,
Major General,
Adjutant General.

Distribution:

- E.
Commanding Generals, all Service Commands.
Director, Military Personnel Division.
Surgeon General.
Chairman, War Manpower Commission.

Dr. LAHEY. I have talked with the Surgeon General from time to time concerning the necessity of withdrawing these teams.

Dr. LAMB. Senator, may I ask the doctor a question?

Senator PEPPER. Yes; go right ahead.

Dr. LAMB. As I see it, Doctor, the operations of the Procurement and Assignment Board have been very much like those of the Selective Service. You have been more or less parallel with them for the medical profession?

Dr. LAHEY. If we just had half of their authority.

Dr. LAMB. With the exception that you don't have as much authority as they do?

Dr. LAHEY. That is right.

Dr. LAMB. But the final determinations are not up to you and the pressure, as on the Selective Service to recruit, the emphasis is entirely from the military forces for recruiting?

Dr. LAHEY. That is right. I would think, too, without criticism, that there have been individuals representing the military forces, who have felt only the responsibility of getting them in, and we know that in certain areas I have had to go to the Surgeon General and say, "You must stop telling these doctors that they will either get into the service or you will put guns on their shoulders."

Dr. LAMB. As far as that is concerned, some doctors have had guns put on their shoulders, have they not?

Dr. LAHEY. That is right.

Dr. LAMB. Would you say that there are many doctors now serving as privates in the Army?

Commander LAPHAM. There have been a few, and it has been a good thing in some instances. For instance, in New York City 8 or 10 of them were inducted as privates.

Dr. LAHEY. It has been a stimulating thing to the men who have delayed beyond a reasonable point, who are really available.

Dr. LAMB. As far as the powers of compulsion are concerned, suppose that the armed forces had had the power of compulsion at the start of the war, and suppose that they had exercised it as they have exercised their recruiting power, would you not have had approximately the same number of doctors in the services today that you now have, or perhaps even more?

Dr. LAHEY. That is right.

Dr. LAMB. In other words, it was not compulsion alone that was lacking in this particular situation. The number of doctors, and their distribution in the armed forces or in civilian life was not affected as directly by the lack of compulsion as it was by the absence, on the part of the military services, of some plan for balancing civilian as against military needs.

Dr. LAHEY. If the Army had had the authority, plus a plan for equalized distribution, it would have worked all right. But if they had the authority without that plan, we would probably have been a good deal worse off than we are.

Dr. LAMB. Precisely. The number of doctors who have been taken in already, in proportion to the total doctor effectives, is already sizable, wouldn't you say?

Dr. LAHEY. Suppose I recite the figures, although they may be confusing. If we say there are 176,000 doctors in this country—

Dr. LAMB (interposing). That figure is arrived at how?

Dr. LAHEY. American Medical Association roster.

Dr. LAMB. How many of those are effective?

Dr. LAHEY. When you get over there we start with 30,000 over 65. But, on the other hand, you can begin to knock off some of those right away because—these figures happen to be in my mind—there were about 2,000 that are in the Regular Navy and Regular Army on full time, and they come off. There are 15,000 who are in positions which do not involve treating patients. They are on jobs in laboratories and so on, various jobs that do not involve the care of patients. So they aren't available for direct medical care. There are roughly 29,000 private practitioners who are 65 years of age and over and, if you count those as 33 percent efficient, you knock off 18,000 to 19,000 more. You have 7,000 who are having a year's training, or more, in medical schools, and you have 5,000 residents. A resident is a man who has gone beyond the stage of training but who remains in a hospital or clinic to become a specialist, or carries on in his process of being a specialist, some of the work in a hospital.

Dr. LAMB. That reduces it to just over 100,000?

Dr. LAHEY. No; I don't think so.

Commander LAPHAM. That is not correct, it is about 128,000 when you consider the effective physicians in the country after these deductions are made.

Dr. LAMB. You are including some of the over 65 in that?

Commander LAPHAM. Yes, 18,000 over 65 come off instead of 27,000. There are 33 percent available, so you can knock off 18,000 and leave about 9,000 to 10,000 effective physicians in that age group.

Dr. LAHEY. So that brings you down—without again going into figures which the censors might not want published—that brings you down to around 128,000 or 130,000 doctors. Knock off what you want for the Army and Navy and you are down to around 80,000 doctors left for the civilian population. You start with 130,000,000 and when you figure that the Navy takes care not only of its own personnel but it also takes care of about 2,000,000 civilians, their associated civilians besides; and that the Army is taking care of some of their civilians, you can roughly knock off 10,000,000 to 11,000,000 from the 131,000,000, which leaves 80,000 doctors for a population of 120,000,000, which is roughly 1 doctor to 1,500 people. There is, however, a very uneven distribution of physicians.

At present, for instance, there is estimated to be about 1 in 900 in New York State. To show you how the problem gets complicated, I have just come from Omaha where I met all the doctors in the corps area there of Procurement and Assignment, and it gets down, as it does in South Carolina or even in certain parts of Alabama, the ratio of physicians to population is 1 to 3,000 or 4,000 and even less than that in the rural communities, and the first time that it gets put up to us is that living in rural communities is particularly hard hit since people can't even get to centers of medicine because they can't get gasoline and tires with which to get there.

Senator HILL. You spoke of 1 doctor to 1,500 population; what would be the ideal in your opinion?

Dr. LAHEY. I think 1 to 1,500 is excellent. Before the war it was 1 to 975.

Commander LAPHAM. But that includes the whole 176,000, and we know that a good many of them were not giving direct medical care.

The prewar ratio of effective practitioners to the population was 1 to 1,022.

Dr. LAHEY. I would say that 1 to 1,500 is not only good, but it approaches luxury a little bit.

Dr. WEBER. Do you feel that prior to the war we had a sufficient medical personnel for the health of the Nation?

Dr. LAHEY. Yes.

Dr. LAMB. If it had been well distributed?

Dr. LAHEY. Yes.

Dr. LAMB. But it was not?

Dr. LAHEY. No. For instance, I know these figures—again before the war—I know that South Carolina was 1 to 4,100 of population.

Dr. LAMB. And they have taken what percent from them?

Commander LAPHAM. Their quota is 170.

Dr. WEBER. So that would leave them what?

Commander LAPHAM. Of course, we base these quotas—

Dr. LAHEY (interposing). These quotas were balanced and weighted.

Commander LAPHAM. One to one thousand five hundred was the basis of the quota.

Senator PEPPER. But they were already behind in South Carolina before the war started?

Dr. LAHEY. That is right.

Dr. LAMB. So that perhaps the quota originally should have been so distributed that the city of New York would have been much higher than the one you put?

Dr. LAHEY. That is what I meant when I said that the quota was weighted in favor of States where they had the lesser number of doctors.

Dr. LAMB. What I meant was that if you had a ratio of 1 to 1,761 in South Carolina before the war, perhaps you should not have taken any from South Carolina; perhaps they should all have been taken from New York?

Dr. LAHEY. Well, we would like to have done so.

(Discussion off the record.)

Dr. LAMB. Now, Doctor, to go back to your figure of 80,000 which is the number presently available for the public, if the Army maintains its present ratio of 1 to whatever is the number of men, 130 or 140, whatever it may be—

Dr. LAHEY (interposing). I can tell you that. In the Navy it is at 6.5 and in the Army it is at 7.2.

Dr. LAMB. Per thousand?

Dr. LAHEY. That is right. In the last war—so you can have a comparison—in France, in the A. E. F., there were 6.6 per thousand, and in training back here there were 10.4 per thousand.

Dr. LAMB. So that the thing figures out to about 135 men per doctor. Now, if they maintain that ratio of 135 men per doctor, and if we have a 7,500,000-man Army, that indicates that we are going to have to take another 30,000 doctors out of our present supply?

Dr. LAHEY. That is what the meeting Saturday morning is called for.

Dr. LAMB. And if we take that number out of our present supply, we are going to be in trouble?

Dr. LAHEY. We have just told the armed forces that they just can't go on at the present rate and take them out so rapidly. We believe

that if you ask industry and the civilian communities to accept a lower number of physicians that you must ask it in terms of a coordinated reduction of demands on the part of the armed forces.

Senator HILL. Speaking about that, Doctor, we know we have made tremendous strides in saving manpower in many of our production industries. For instance, it takes only one-half the manpower now to build a certain cargo airplane that it did when Pearl Harbor occurred. Have they worked out anything to save this medical manpower?

Dr. LAHEY. The only thing I can tell you is that there have been two methods of increasing medical personnel. I talked with the Surgeon General this morning and he states that the Medical Administrative Corps training now operating at Camp Pickett and two other camps will, when the program is completed, replace 7,500 doctors with civilians who will be trained along medical administrative lines. They will replace physicians.

Now, when that program will be completed, and how many men it will finally produce, I don't know. I have heard figures about how many per month they turn out, around 700 I believe was the last figure. I don't know whether or not that is accurate, and I don't suggest that it isn't, I just don't know. There is that plus the fact as you already know that the accelerated medical program will turn out approximately 6,500 men per year as opposed to 5,000 in previous years before they had an accelerated plan.

To show you how you have to keep on your toes about this thing and how when you throw a pebble into a pond, where the ripples go no one knows, just think of the implications of this 18- and 19-year-old draft.

Without some agreement with Selective Service the supply of new doctors may cease. Some of this age group be earmarked for medical schools.

Senator HILL. In that connection, Doctor, I wonder if you have had any talks with General White, who is G-1 of the General Staff, he is the highest authority on personnel in the Army—that is his position occupies that status—or with the American Council on Education? It is my understanding that General White, and the others representing the War Department, and perhaps certain representatives of the Navy, and the American Council on Education, are today endeavoring to work out plans—

Dr. LAHEY (interposing). I don't believe we will have much difficulty.

Senator HILL. I was just wondering whether you had been called in, because if you haven't you certainly ought to be while they are working out these plans to provide for the education and training of some of these men who are about to be drafted, so we won't grind the seed corn.

Dr. LAHEY. We have a pretty good agreement with General Hershey that we will be called in.

Commander LAPHAM. Dr. Elliott is working very closely with us and with that group.

Senator HILL. He is, perhaps, representing your particular group?

Dr. LAHEY. Yes.

Senator HILL. We continue to see stories in the press about some 2,500 refugees, refugee doctors, I believe, here in this country. Do you know anything about that reservoir?

Dr. LAHEY. The thing, of course, that we meet—and I have to face it all the time—is the doctor who says to me, "How can you expect me to go into the service when you preserve a refugee doctor from going into the service so that he can stay at home and get my practice?"

All right. I go to the surgeon general and say to him, "What are you going to do with the refugee doctor?" and the poor man just can't answer me. He would like to handle them. I say to some of the people, "All right, why don't you take the refugee doctor?" Well, first of all, they say that he frequently can't meet the requirements, educational requirements. Temperamentally, he doesn't get on with some of the situations in which he finds himself.

Another thing that we were speaking of this morning is that the F. B. I. feel that with relatives in Germany who are susceptible to pressure, he, the alien, is a dangerous person in the military service. But out comes a directive which I read this morning on my desk—and which Commander Lapham knows about—a statement from Procurement and Assignment Service to State chairmen to the effect that about the only way the alien doctor can be used is to dislocate him and place him in an area where you need to relocate a doctor, and that is about the only place they know.

Senator HILL. When you say "dislocate," Doctor, what do you mean?

Dr. LAHEY. Relocate him, put him in Mobile, Wichita, Kaus, or some of these other places. But, on the other hand, three alien physicians went to Norfolk and got turned down by the hospital that was complaining about the situation down there.

Senator HILL. I wouldn't reflect on these refugees in any way, but I suppose they have doctors in these Japanese camps, don't they?

Dr. LAHEY. It has been repeatedly suggested to us that they be put out there.

Commander LAPHAM. They are using Japanese doctors out there now.

Dr. LAHEY. The problem of dislocating the refugee doctor isn't as simple as it sounds to us on the surface.

Senator HILL. I can understand how a local doctor would deeply resent the Government bringing in this doctor who wasn't even a citizen of our country—some are and some are not.

Commander LAPHAM. But the ones that aren't are the ones we are having the greatest difficulty with.

Dr. LAHEY. There originally came out a directive to the effect that any refugee physician, particularly a friendly ally, could join the Army and in 3 months he would be given his citizenship and a commission in the Medical Corps. That was simple, but it hasn't been done.

Senator PEPPER. That hasn't been adopted?

Dr. LAHEY. No; and if you recommend that procedure to an alien doctor you can't back it up. On the other hand, the reason you can't is that a lot of them—

Senator PEPPER (interposing). Couldn't the Army take them in; would they need legislation to take them in?

Commander LAPHAM. No; but they didn't feel they could afford to take a great number of them in because of their background.

Senator PEPPER. Aren't there places where you could put them, that is, where they would be subject to assignment so that the dependable and responsible doctors would assign them to the type of work that would be useful and yet they wouldn't have a chance to give anybody an overshot of something and kill them?

Commander LAPHAM. A great many of them are being used in medical schools and hospitals.

Dr. WEBER. You mean that a directive was issued and that the Army and the Navy have been unwilling to follow the directive?

Dr. LAHEY. I think the Navy has an absolute rule that a man has to have been a citizen for 10 years.

(The memorandum referred to is here inserted.)

OFFICE FOR EMERGENCY MANAGEMENT
WAR MANPOWER COMMISSION
Washington, D. C.

Procurement and Assignment
Service for Physicians,
Dentists, and Veterinarians

OCTOBER 13, 1942.

To: State Chairmen for Physicians.
From: Directing Board, Procurement and Assignment Service.
Subject: Alien Physicians.

The Army and the Navy are not in a position to accept enemy alien physicians as commissioned officers because of the citizenship law. Also many of these physicians do not meet other requirements such as license to practice, internship, or other professional qualifications.

It, therefore, seems inadvisable to recommend that these aliens go into the Army as privates with the expectation of receiving citizenship at the end of three months, for many may not receive it for some reason, and they may not be acceptable to the Medical Corps even though they are given citizenship.

Since there are many places in which these men can be of service in civilian life, it is recommended that efforts be made to place those who are not acceptable for service with the Army or the Navy as temporary employees in hospital positions, in critical areas where more physicians are needed, in special positions in medical schools, and in public health agencies, etc. In such positions they may be utilized as essential and may thus be used in their professional capacity.

Until definite rulings are made concerning the admission of this group into the military services, these general policies should be followed.

Senator PEPPER. There is nothing, I suppose, immobile about that rule if they wanted to change it to meet national policy?

Dr. LAHEY. My views about immobility have been greatly changed.

Senator PEPPER. You have discovered that the greatest principle in the world is inertia, haven't you?

Dr. LAHEY. I have. Let us again come to a simple thing, like the problems that confront us. We have a doctor that goes to Texas—let's pick that State because it isn't the place—a woman doctor. She says, "I have made quite a contribution to come here and why should I, who have passed the national board, be told by Texas which doesn't recognize the national board—and remember the place I am talking about isn't Texas—that if I want to fill a place down here I must pay \$25 and take an examination, and I am damned if I will." I don't blame her.

I thought it would be an excellent thing because I come from Massachusetts and because we have an approachable Governor, one who is reasonable I mean, that I should go to the State board of registration of medicine and to the State medical society and to the Governor and say that it would be an excellent thing for me when I speak before the national meeting of the State Secretaries of State Medical Societies in Chicago on November 7, to say that I bring from my own State the action of the Governor during the war that he has lifted this interstate requirement and that anyone that Procurement and Assignment selects for the duration of the emergency can practice there.

Well, the Governor agrees, the board of registration of medicine agrees, and the State medical society agrees, but the Attorney General says it cannot be done unless it can be demonstrated that there is a need for dislocation within the State.

Senator PEPPER. It looks to me as if a proclamation of the Governor could handle that.

Senator HILL. I imagine that the statutes do not give the Governor the power except under that one condition.

Dr. LAHEY. I spent last Saturday afternoon in the Department of Justice while they formulated a bill concerning State medical licensure in an effort to increase the ease in obtaining a license in any State for the duration of the war. That is just going to take months, Senator Pepper, to get done, and it is again one of the things that is going to hamper you in the relocation of physicians.

Senator PEPPER. In that case it might be a situation which would justify action by the Congress?

Dr. LAHEY. That would be a very, very valuable thing; it would save lots of time and make it easier for us—but it seemed to Procurement and Assignment that it had to set up things in terms of priority need.

Well, we felt that with such a demand for doctors as came from the Army and Navy and Aviation, that that was the priority interest, and so we said, "All right, that is what we must meet first." Well, that has been met. Then we said, "The next priority interest is to assess the real needs of depleted areas and of those with increased population, because we can't do anything about dislocation until we know what the needs are." So we are in the process of assessing needs. Once having assessed them, there comes again the thing that will be even more urgent than anything that you or I have considered.

You can get a man in the Army—there is his conscience, his uniform, his accomplishment; but when you come to ask a man to give up a good practice and go down to Corpus Christi, and go down to your hot spot, Senator Pepper, Valparaiso, Fla.—

Senator HILL (interposing). What about Pigeon Creek?

Dr. LAHEY. What have you got to offer him to go in there, because after all he goes in on his own hook?

Senator PEPPER. Of course, the satisfaction of living in Florida would atone for any hardship, while in other States it would be a hardship. [Laughter.]

Doctor, if the situation suggests the necessity for an over-all authority, preferably a civilian authority, to pass upon the whole question of the allocation of this particular kind of manpower, in other words whether we have not, as Senator Hill said a moment ago, seen this same pattern in practically all aspects of our national life, civilian and Army, suggesting the necessity of some over-all tribunal, call it an agency or whatever you will, which shall have the over-all and the final say and shall see the whole picture at the same time. That agency should make the decision as to how the manpower is to be allocated, this particular segment of manpower, medical manpower, shall be allocated to the several needs of the Nation, because they are all needs of the Nation—has your experience suggested to you that any well-balanced program will have to be maintained in equilibrium only by an agency that can see the over-all picture at one and the same time?

Dr. LAHEY. Well, I don't really feel quite competent to express an opinion for other than medicine.

Senator PEPPER. I am speaking only about manpower as affected by medicine.

Dr. LAHEY. I would say say that so far medicine has been easy, again due to the surplus, and that the injuries have been relatively slight, due to surplus; but if the war runs along any great period of time, it could present, under the present plan, great difficulties and dangers.

Senator PEPPER. If you don't have this central agency or central tribunal?

Dr. LAHEY. I believe Commander Lapham has something to say on that.

Senator PEPPER. Commander, what I was about to say is that if you do not have an over-all authority, call it what you will, to keep in mind the needs of the whole Nation, at home, abroad, civilian, military, and naval, at the same time, is there not a great probability that you will have maladjustment and surplus and deficiency that will not give a well-balanced program to the Nation?

Commander LAPHAM. I am perfectly sure of that. You are speaking of an agency that would represent the military forces as well as the civilians?

Senator PEPPER. Yes; a group that would speak for the whole country and when it became necessary to allocate medical personnel to military and civilian needs—in other words, whether you would lift the number of patients, as it were, that the doctor in the Army would have, from 135 to 200, and cut the civilian population down to 1 doctor for each 1,800, or something like that—all that is a balance of interest. But if you haven't got the same two eyes looking at the whole problem at the same time, it is not unlikely that there will be maladjustment.

Commander LAPHAM. I see very little reason why the Army and Navy and Public Health Service and Procurement and Assignment Service couldn't get together on that.

Senator PEPPER. Provided you had some way set up whereby there would be some umpire to resolve the difficulties?

Commander LAPHAM. Yes.

Dr. LAHEY. Will you let me say one thing there? I think that the Surgeon General of the Army works at a great disadvantage. He works through the Service of Supplies. On the other hand—and I don't mean to boom the Navy just because I have a Navy man with me—but Admiral McIntyre, for instance, has complete authority. He is only responsible to the Secretary of the Navy. I can go to Admiral McIntyre and say, "I want this"—and get it. General McGee can't do that because he doesn't have the power and authority. He is responsible to General Somervell.

Senator PEPPER. And General Somervell determines the number of doctors that the Army shall have?

Dr. LAHEY. The authority finally comes down from there.

Senator HILL. The truth of the business is that General McGee is under Somervell; Somervell is under Marshall; Marshall is under Stimson, and of course Stimson is under the President.

Dr. LAHEY. I said to Admiral McIntyre, "How come I can say to you that I want to get this and that, and I get it snap-bang, and General McGee can't get it?" He said, "The poor man just doesn't have the authority that I have with which to get it."

Dr. LAMB. In this meeting that you are going to have at the end of the week, will some machinery be set up for reviewing the use now being made by the armed services of the doctors they have?

Dr. LAHEY. I don't know how we have any authority to do it, but that has always interested all of us, naturally.

Dr. LAMB. We have the impression that a review would reveal that many of those doctors could be better used and be much more efficiently worked than they are being at the present time.

Dr. LAHEY. After all I feel that without accurate knowledge of how they are being utilized and distributed, it certainly is not within my power to be critical.

Senator PEPPER. But isn't it rather lamentable that there is nobody so far, that you know, who has the duty at the present time to speak for the civilian population and protect them? In other words, the Army and the Navy have complete authority to tell you how many they want, and so far you have been filling your quotas by their directives?

Dr. LAHEY. That is right.

Senator PEPPER. Now so far as we know—

Dr. LAHEY (interposing). I would like to say this: We have told them that we have stopped active recruiting for the year in all but five States; I mean, that we will declare no more physicians available for the Army and Navy for this year.

Senator PEPPER. Well, it is a question as to whether or not, in view of what you said in the beginning about the status that you occupy, that you are here by a directive, it is a question as to who has the final authority, like the armed services and the War Production Board.

Dr. LAHEY. That is right.

Senator PEPPER. But naturally the Army and the Navy would be less than human if they didn't think primarily about what was their need and try to supply that need, and I would do the same thing if I were in their place.

Dr. LAHEY. That is the thing that prompted this meeting for next Saturday.

Senator PEPPER. The President in the White House is representing the whole country, and we sitting here in Congress are representing the whole country, and we cannot sit by and allow one national interest to be emphasized over another if there is any way in which we can help it. We are thinking in terms of the whole country and somebody has got to make it—of course we don't expect to make it, we are only raising the question as to whether it is necessary for some authority to be set up that will see the whole picture at the same time.

Senator HILL. I should think that the very reason you stated was the reason for the setting up of the War Manpower Commission, that we might have some over-all authority on this whole matter of manpower. But the War Manpower Commission has no statutory status and has no power, really, of itself. It was decreed by Executive order of the President, and I suppose the only power that it might have would be some power that the President had indirectly in some way that he had gotten from some other act, not with this manpower question primarily in mind.

Senator PEPPER. You are under the War Manpower Commission?

Dr. LAHEY. Yes.

Commander LAPHAM. We have the responsibility of protecting the civilian needs, but we haven't the power.

Senator PEPPER. Is the War Manpower Commission supposed to be concerned with the nonmilitary aspects of manpower, or not? Does Mr. McNutt have any authority to say, "I am very sorry Mr. Army—or Mr. Navy—but I will not recognize your requisitions in excess of so much, I don't feel that I can approve your requisitions for more than so many"?

Dr. LAHEY. I don't know.

Commander LAPHAM. We have requested Mr. McNutt and Mr. McNutt has requested of the Army and the Navy the withdrawal of the recruiting teams. Of course there is a representative of the Army and of the Navy on the War Manpower Commission; so we presume they were taking into consideration the military strength as well as the civilian strength in considering over-all manpower.

Senator PEPPER. I wonder if it would be considered impertinent on Mr. McNutt's part or on the part of his representatives if, at this conference on Saturday he makes certain recommendations to the Army and the Navy about the use of their personnel, the number of it, and that there are going to have to be certain reallocations and that they may have to release a few people back to South Carolina, say, and may have to release a few people back to Nevada, "You have a good many doctors from that State that you are going to have to turn loose; I am sorry to have to interfere with your arrangements, but that is the order of the Manpower Commission."

I am very sure they would think Mr. McNutt was very much out of order. But that is what we face as a national dilemma when all these things are set up on separate programs and there is no unity over-all. Except in the person of the President of the United States

I don't know of anybody in Washington that has the authority to handle this.

Dr. LAHEY. That is why, in discussing this meeting on Saturday I used a word that I think settles the whole thing. I said, "There must be a cooperative agreement as to what they need, and an irrevocable one about what they will demand."

Senator PEPPER. And there has got to be some agency that can pass judgment. That is, if you go in and say, "I conscientiously don't think that the civilian population can spare more than a certain number," and the Army and the Navy say, "We cannot run our Army and Navy without detriment to ourselves unless we have a certain number"—if you get into a situation like that somebody has to resolve that?

Dr. LAHEY. Yes, but there are circumstances that we do have to consider and that is that we have to remember that the Army as yet has really no experience tables on this war, and as the Surgeon General very properly said this morning—and I appreciate his position—if we get into an offensive war no one knows what will be the number of wounded and what will be the casualties and what will be required to take care of them.

Senator PEPPER. That is all true, but I mean that the same over-all agency will have to take that argument into consideration in the allocation.

Dr. LAHEY. I should think he would like to be relieved of some of the responsibility.

Senator PEPPER. There would have to be an umpire to reconcile the differences?

Dr. LAHEY. Yes.

Senator PEPPER. Doctor, whom did you say you expected to be present at that conference on Saturday?

Dr. LAHEY. General Hershey, General McGee, General Grant (he is the air surgeon, Admiral McIntyre; all of the members of the Board of Procurement and Assignment, and Mr. McNutt. We have had them together before but we really have never gotten a coordinated effort.

Senator HILL. Have you had them together since the Army reached its decision to have an Army of 7,500,000 men?

Dr. LAHEY. No. And we have to take the Navy into account also, Senator.

Senator HILL. They propose an Army of 7,500,000 men by January of 1944, and they propose to jump the Navy by another half million.

Senator PEPPER. Do you handle procurement for both the Army, the Navy, and Aviation?

Dr. LAHEY. Yes.

Senator PEPPER. Likewise, if the Army sends you in a requisition you don't compare that with the Navy's requisition, or if the Navy sends you one, you don't compare that with the Army's?

Dr. LAHEY. I compare them, I know what they are.

Senator PEPPER. But you don't pass judgment on them?

Dr. LAHEY. That is right.

(Off the record discussion.)

Dr. LAMB. This record will be sent to Dr. Lahey and if there are any things that he would like to add, in the way of statistics or any chronology that he could give the committee, I think that might be helpful, as to when the Board was established, and such details as that, and when certain decisions have been made over the months.

Dr. LAHEY. If you will send the record to the Office of Procurement and Assignment, the old Railroad Retirement Building, Tenth and U Streets, it will go to Commander Lapham.

(The following statement giving the history of the Procurement and Assignment Service was received subsequent to the hearing, and was made a part of the record in accordance with instructions of the chairman.)

PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS, DENTISTS, AND VETERINARIANS

Summary statement of purposes, functions, policies, procedures, and organization.—The Procurement and Assignment Service was authorized by the President on October 30, 1941. Established as one of the principal subdivisions of the Office of Defense Health and Welfare Services in the Office for Emergency Management, this agency was charged with the responsibility of distributing equitably the available medical, dental, and veterinary personnel required by (1) the Army and Navy, (2) nonmilitary governmental departments, (3) hospitals, (4) professional schools, (5) industrial plants, and (6) civilian communities.

The agency consists of a policy-forming Directing Board of five members: Dr. Frank Lahey, chairman, Dr. James Paullin, Dr. Harvey B. Stone, Dr. Harold S. Diehl, and Dr. C. Willard Canaliel. These Board members serve without salary, but are entitled to actual and necessary transportation, subsistence, and other expenses incidental to the performance of the duties of the Board. To carry out the functions of the agency, there are a full-time, salaried executive officer, together with administrative assistants, a central office staff, and a field staff.

The Directing Board of the agency functions on a Nation-wide basis through nine corps area committees, each of which includes a chairman, two physicians chosen from the general medical profession, a dentist chosen from the general dental profession, a representative of medical education, a representative of dental education, a representative chosen from the veterinary profession, and a representative of the hospitals.

An advisory committee in each State, composed of representatives of the medical, dental, and veterinary professions, acts in an advisory capacity to the corps area committees and to the central office. In addition, there are nine committees which advise the central office and the Directing Board. These are the Committees of Dentistry, Hospitals, Industrial Health and Medicine, Medical Education, Negro Health, Public Health, Veterinary Medicine, and Women Physicians. The Committee on Information, Dr. Morris Fishbein, chairman, editor, Journal American Medical Association, 535 North Dearborn Street, Chicago, Ill., is charged with responsibility for dissemination of information on the progress made by Procurement and Assignment Service to all physicians, dentists, and veterinarians and to the public.

Legal authority and appropriations.—The Procurement and Assignment Service was organized in October 1941 by direction of Paul V. McNutt, with the approval of the President. On April 18, 1942, an Executive order from the President transferred the Office of Procurement and Assignment from the Office of Defense Health and Welfare Services to the War Manpower Commission in the Office for Emergency Management. Under this new administrative set-up, Procurement and Assignment Service has a budget which includes funds for the administrative expenses of the central office, the Chicago office, the corps area offices, the State committees, and temporary field employees.

Relationship to the War Manpower Commission and to War Manpower Commission agencies at various levels of operations.—At the Federal level, Procurement and Assignment Service is closely associated with the National Roster of Scientific and Specialized Personnel, the two agencies being jointly operated under the direction of Dr. Edward C. Elliott, Chief of the Professional and Technical Employment and Training Division of the War Manpower Commission.

Because of its responsibility to distribute medical, dental, and veterinarian personnel equitably, it has a particular obligation to those agencies in War Manpower Commission, which have a responsibility for health and medical services, and to other agencies which have been directed by the President to conform to the policies, directives, regulations, and standards prescribed by the Chairman of the Commission. There is thus established a close working relation between Procurement and Assignment Service and the Selective Service System, the Federal Security Agency, the Civil Service Commission, the Labor Production Division of the War Production Board, and other Federal departments and agencies which perform functions relating to the recruitment or utilization of manpower.

In the field the corps area committees and the State committees of Procurement and Assignment Service act in an advisory capacity to the Procurement and Assignment Service in reference to questions relating to personnel and are part of the field organization of War Manpower Commission. The chairman of each of the corps area committees acts in a liaison capacity to the corps area surgeons, the representatives of the Office of Civilian Defense, the Selective Service System, the regional officers of the United States Public Health Service, and the regional representatives of War Manpower Commission in the corresponding corps areas.

Definition of terms.—In order to allocate medical, dental, and veterinary personnel equitably to the armed forces and to the civilian population, it has been necessary to define essential functions and essential persons in the several fields of service under the jurisdiction of Procurement and Assignment Service. The Directing Board appointed an advisory Committee on the Allocation of Medical Personnel to define such essential functions and persons in health and medical activities throughout the Nation, and to establish objective criteria for the determination of minimum medical personnel requirements in hospitals, medical schools, industrial plants, and in civilian communities.

On the advice of experts on the several advisory committees, the Directing Board has issued to State chairmen definitions of essential physicians in industrial medicine in hospitals, and in public health agencies. Professional personnel under 45 years of age, who are not deemed essential in their present positions, are considered to be available for service in the armed forces. Other physicians not declared essential in their present positions are considered available for nonmilitary service in their own or in other communities, in industrial medicine, or in nonmilitary governmental agencies. As a rule such physicians will be men over 44 years of age, physically disqualified men under 45, and women.

Policies.—The policies governing the administration of Procurement and Assignment Service are determined by the Directing Board on the advice of its various advisory committees and are subject to review and approval by the Chairman of War Manpower Commission.

Regulations.—Regulations for the administration of corps area, State, and local offices are issued in the form of directives from the Directing Board and are subject to review and approval by the Chairman of the War Manpower Commission.

Functions.—At the time of the establishment of Procurement and Assignment Service in October 1941, the functions of the agency were defined as follows:

- (1) To receive from various governmental and other agencies requests for medical, dental, and veterinary personnel;
- (2) To secure and maintain lists of professional personnel available; and
- (3) To utilize all suitable means to stimulate voluntary enrollment, having due regard for the over-all public health needs of the Nation, including those of governmental agencies and of civilian institutions.

The central office obtains and maintains current lists of medical, dental, and veterinary personnel, showing their specialized and other qualifications, and stimulates voluntary enrollment of doctors, dentists, and veterinarians with the national roster. In meeting the needs of the armed forces for 42,000 physicians by December 1, 1942, Procurement and Assignment Service, through its central,

State, and local offices, and in collaboration with its consultant office in Chicago, obtains a professional and ethical clearance and an evaluation in code on all doctors, dentists, and veterinarians who have filed questionnaires signifying a willingness to accept service with the armed forces.

In addition the central office, through liaison officers, keeps in touch with the needs of governmental agencies utilizing the services of physicians, dentists, and veterinarians. With the cooperation of the national roster and other agencies, it has prepared special lists for institutions, agencies, industrial firms, and communities requiring physicians with particular training and experience, as for example, physicians with specified linguistic knowledge or with experience in tropical medicine, industrial medicine, public health service, etc.

Organization and location of offices.—The accompanying chart shows the organization of Procurement and Assignment Service.

Central office: 1006 U Street NW., Washington, D. C.

Consultant office: Dr. R. G. Leland, 335 North Dearborn Street, Chicago, Ill.;

American Dental Association, 212 East Superior Street, Chicago, Ill.; American Veterinary Medical Association, 600 South Michigan Avenue, Chicago, Ill.

Corps area committees.—First corps area: Chairman: Dr. W. G. Phippen, 120 Boylston Street, Boston, Mass. States comprising corps area: Connecticut, Maine, Vermont, Massachusetts, New Hampshire, and Rhode Island.

Second corps area: Chairman: Dr. A. W. Booth, 221 West Church Street, Elmira, N. Y. States comprising corps area: Delaware, New Jersey, and New York.

Third corps area: Chairman: Dr. A. M. Shipley, University Hospital, Baltimore, Md. States comprising corps area: Maryland, Pennsylvania, Virginia, and District of Columbia.

Fourth corps area: Chairman: Dr. Edgar H. Greene, 875 West Peachtree Street NE., Atlanta, Ga. States comprising corps area: Alabama, Florida, Georgia, Mississippi, North Carolina, South Carolina, and Tennessee.

Fifth corps area: Chairman: Dr. E. L. Henderson, 1106 Francis Building, Louisville, Ky. States comprising corps area: Indiana, Kentucky, Ohio, and West Virginia.

Sixth corps area: Chairman: Dr. Charles H. Phifer, 30 North Michigan Boulevard, Chicago, Ill. States comprising corps area: Illinois, Michigan, and Wisconsin.

Seventh corps area: Chairman: Dr. Roy W. Fouts, 1007 Medical Arts Building, Omaha, Nebr. States comprising corps area: Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wyoming, and Colorado.

Eighth corps area: Chairman: Dr. Sam E. Thompson, Kerrville, Tex. States comprising corps area: Louisiana, Arkansas, New Mexico, Oklahoma, and Texas.

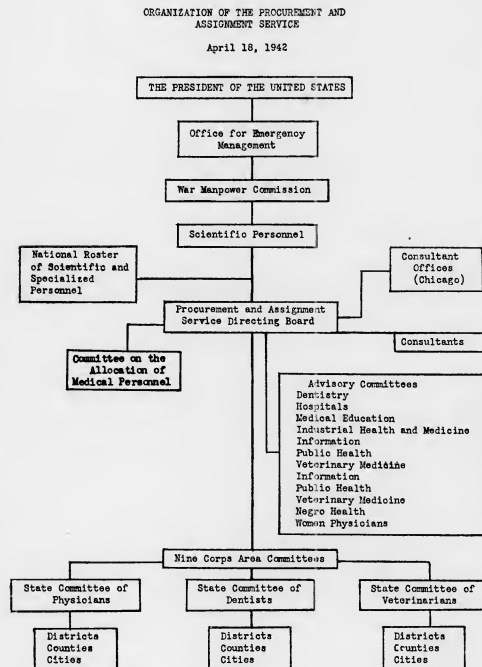
Ninth corps area: Chairman: —. States comprising corps area: California, Idaho, Montana, Nevada, Utah, Oregon, Washington, and Arizona.

Senator PEPPER. Commander Lapham, have you anything to add on any aspect of this problem?

Commander LAPHAM. I think not, sir, except that we are making every effort, without any authority, to relocate physicians, and we have established a program through our State committees, in cooperation with the State departments of health and the Public Health Service, to attempt to appraise localities that have been affected by the war either by an increase in population or a decrease in the number of physicians, and determine the number of physicians needed, and to attempt to get them relocated. It is a difficult problem as Dr. Lahey has said.

Dr. LAHEY. There have been a very definite number of States in which we have been able to meet within the State such problems as a doctor giving part time, an afternoon, to a community, for instance; such things as a man in industry being able to devote one-half of his day.

Senator PEPPER. I know at Valparaiso—which I notice you are aware of—one of the men from our Public Health Service the other day was telling me that the Public Health Service assigned a doctor down there. He treats the people and they pay the Public Health Service,



really, and the Public Health Service pays him a salary. He doesn't take fees from his patients, but they pay for his services and he turns that into the Department of Public Health. I wonder if that man had to take the State examination?

Dr. LAHEY. The Public Health man doesn't.

Commander LAPHAM. But he would have if he had gone there to practice medicine.

Dr. LAHEY. On the other hand, without complimenting your State, your State made a very generous gesture in terms of its willingness to meet a certain situation.

Commander LAPHAM. The State medical association and the licensing board all approved the plan to bring this man in through the Public Health Service.

Dr. LAHEY. You can't live with this situation without reading all the things that go with it.

(Off the record discussion.)

Senator HILL. I don't want to embarrass you, Doctor, by any flattery, but I think I might as well say that there has been no other man in America, unless it was Dr. Will Mayo, who has ever founded and established such a clinic as you did. In fact, I think your feat has been more remarkable than Dr. Mayo's feat for the reason that you went right into Boston, right there at Harvard, the oldest medical school, the oldest clinic in this country, or one of the very oldest, and right there in that center by Harvard University, Harvard Medical School and Harvard Clinic, Dr. Lahey has established without question the greatest medical clinic in the country.

Senator PEPPER. Before you conclude that eulogy I want to say that he is just as eloquent and effective in aiding the war effort as a civilian as I saw him before this thing occurred, as he has been since.

Dr. WEBER. Is it possible to get for the committee the actual number of doctors now serving as privates in the United States Army?

Dr. LAHEY. I would think the better way for you to do that would be to apply to the Surgeon General's office.

Commander LAPHAM. They are privates a very short time; they are almost immediately taken into the Medical Corps. I doubt if there have been more than 15 or 20 in the entire United States. I may be wrong about that, but we hear of all of them and very few have come to our attention.

Dr. WEBER. Is it true that pediatricians and obstetricians have been recruited just as any other practitioner?

Dr. LAHEY. Yes, and eye doctors also, because after all they have a basic and fundamental knowledge of medicine.

(Off the record discussion.)

Senator PEPPER. Well, Doctor, you have been most helpful to us and we certainly do thank you, and you also, Commander; thank you very much.

The committee will now adjourn until 10 o'clock tomorrow morning when we will meet in the Senate Finance Committee room, room 310, Senate Office Building, where Dr. Parran, the Surgeon General of the Public Health Service, will be our first witness, and Dr. Paul de Kruif will be the next witness.

(Whereupon, at 3:30 p. m., the committee adjourned until 10 o'clock Tuesday morning, November 3, 1942, to meet in room 312 of the Senate Office Building.)

INVESTIGATION OF MANPOWER RESOURCES

TUESDAY, NOVEMBER 3, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10 a. m., in room 312, Senate Office Building, Senator Claude Pepper (chairman) presiding.

Present: Senator Pepper.

Also present: Dr. Robert K. Lamb and Dr. F. P. Weber, special assistants to the committee.

Senator PEPPER. The hearing will come to order.

The first witness is Surg. Gen. Thomas Parran.

STATEMENT OF DR. THOMAS PARRAN, SURGEON GENERAL, PUBLIC HEALTH SERVICE

Senator PEPPER. Dr. Parran, we are very glad to have you here. I will ask you if you will begin by indicating briefly the war duties and responsibilities of the United States Public Health Service.

Dr. PARRAN. The war has brought a large number of problems to the Public Health Service which might be divided as follows: As you know, we furnish the medical service to the United States Coast Guard, and with the very large increase in that organization it has been necessary to recruit additional doctors for service aboard ships as well as at their shore establishments. Moreover, the War Shipping Administration has asked us to carry out the medical work for that organization, supplying medical care to all of their maritime training places.

The Office of Civilian Defense, nearly 2 years ago, soon after it was organized, asked us to provide the medical service for that organization, and we have given Reserve commissions to a very considerable number of doctors both in the central office and in the various areas.

More recently, we have undertaken to organize a team of doctors in each of about 200 hospitals who will be available in the event of enemy action; to establish and staff the emergency base hospitals which would be necessary; and also to provide medical care for evacuees.

The war has brought with it very, very large tasks. With the growth of industry naturally industrial hygiene has become accentuated.

We are cooperating with the States in the matter of venereal-disease control. As you know, under the provisions of title VI of the Social Security Act, and provisions of the Venereal Disease Control Act,

grants of moneys are being given to States in connection with their regular health programs. Those programs have been adapted very materially to meet the war needs, and emphasis has been given to the increased problems which have arisen in the war industry and in the military areas. Congress has given us additional funds under the title of "Emergency Health and Sanitation" with which we are carrying out a very substantial number of activities in the control of communicable diseases and providing basic health services in and around the cantonments.

With the beginning of the national emergency we undertook to make detailed studies of health conditions in each of these war areas as they developed. Those studies furnished the basis for the appropriations of the Congress for community facilities under the Lanham Act. We have just completed the seventh of such survey of health and medical needs in the extra-military war and industrial areas, a total of 410 such areas into which some 5,700,000 people have moved. These surveys specify the needs for water supplies, for sewage-disposal provisions, for hospital facilities, health centers, and housing requirements.

Senator PEPPER. Doctor, could you give us the summaries of the requirements that you found by that survey?

Dr. PARRAN. I shall be glad to, Senator; very glad to insert it in the record.

Senator PEPPER. If you can, I would like to have you read off at least typical ones; for example, housing.

Dr. PARRAN. Housing requirements?

Senator PEPPER. Yes; if you have got that in Army districts, or by some sort of geographical units.

Dr. PARRAN. It is by individual areas and service units. With your permission I will give you the total. The housing units authorized in this area are 293,422.

Senator PEPPER. What area is that now?

Dr. PARRAN. In 410 areas which represent the major war industry and extra-military areas. We have not included in this the large metropolitan centers, thinking that by their largeness they are able to take care of the increases in population, but we have included such places as Norfolk, Va., and on down to smaller-size communities.

Senator PEPPER. Will you give that figure again?

Dr. PARRAN. Units authorized, 293,422; and the additional units required, 603,000.

Senator PEPPER. That is housing units?

Dr. PARRAN. Yes.

Senator PEPPER. To accommodate the migratory workers that are expected in those several areas?

Dr. PARRAN. Those who have come or it is expected will come.

Senator PEPPER. That is necessary, in your opinion, by your survey, in order to afford adequate housing conditions to those people?

Dr. PARRAN. Yes, sir.

Senator PEPPER. That relates primarily to adequate housing conditions just for the war workers, does it? You did not go back and pick up the civilian population and analyze the situation existing in those communities and think about lifting the local population up to adequate housing standards?

Dr. PARRAN. No; this is new housing which is needed to take care of the people who are expected to come in or who have already come in. In the matter of hospital facilities, for example, these communities have 176,163 beds now. Additional beds already recommended by the Public Health Service under the Lanham Act, 20,493; additional beds needed, 14,242. The standard or the yardstick used in connection with this estimate $4\frac{1}{2}$ hospital beds per 1,000 of the population.

Senator PEPPER. There again, do those hospital needs relate to the war workers or to the whole population of the area you analyzed?

Dr. PARRAN. This is to bring up the ratio of hospital beds to $4\frac{1}{2}$ beds per 1,000 of the total population. We found it very difficult to separate out the needs for hospitals for one group of the population and another.

Senator PEPPER. What percentage of the population would you say the survey covers?

Dr. PARRAN. There have moved into these areas, as I have said, 5,700,000 people. The normal population of these areas was 54,000,000 people, so it is slightly over a 10-percent increase in population.

Senator PEPPER. That survey then relates to the provision of hospital facilities for some 60,000,000 people?

Dr. PARRAN. Essentially.

Senator PEPPER. Essentially?

Dr. PARRAN. Yes.

Senator PEPPER. Out of a total population of 130,000,000?

Dr. PARRAN. Yes.

Dr. WEBER. General, out of the 20,000 that have been recommended by the United States Public Health Service, what number have actually been provided?

Dr. PARRAN. Twenty thousand hospital beds; total hospitals, 334; estimated cost, \$64,500,000. Number of projects recommended by the Public Health Service—the dates are a little different; this was as of October 1—290 hospitals; approved by the President, 218, number under construction, 51; number of projects completed, 2.

Dr. WEBER. And how many beds actually have been added? Do you know the number?

Dr. PARRAN. Only two hospitals had been completed as of the date of this tabulation, which is about a month old. I do not recall the number of beds in those two projects.

Senator PEPPER. Doctor, you mean since when?

Dr. PARRAN. That is under the Lanham Act.

Senator PEPPER. When was the Lanham Act passed, do you recall?

Dr. PARRAN. I forget the date of the first act, but I think it was in April, wasn't it?—1941—the spring of 1941, as I recall.

Dr. WEBER. There have been several acts, Senator.

Dr. PARRAN. Additional appropriations and authorizations.

Senator PEPPER. Yes; I know. They come through this committee. What I was trying to get at was the period of time in which this has been accomplished. I mean, does it mean that the whole war-construction program has produced two hospitals completed so far?

Dr. PARRAN. That is what the record shows.

Senator PEPPER. And those two hospitals have how many beds?

Dr. PARRAN. I do not have the figure as to the number of beds in them; 51 additional projects are under construction.

Senator PEPPER. Fifty-one additional projects are under construction?

Dr. PARRAN. Yes. This program has moved ahead very slowly, Senator.

Senator PEPPER. Is that because the health conditions have deteriorated very slowly or the need was very small?

Dr. PARRAN. The need was great; but initially the hospitals asked for beds, the construction of the usual character involving frequently much critical material, and then as the situation got tighter regarding materials they were trimmed down, they were asked to revise the plans to provide only for temporary construction. The War Production Board has reviewed the project. As you know, the responsibility for administering the act is under the Public Works Agency and, in addition, the War Production Board has reviewed the applications as to the critical materials. In some instances we have revised our original recommendations to provide fewer beds and the cheaper type of construction, using less critical materials.

Dr. WEBER. General, do you anticipate that those 51 projects now under construction will be completed in the immediate future? Have any of them been stopped by Mr. Nelson's order to the Federal Works Agency?

Dr. PARRAN. I am not sure. I cannot answer your question. Perhaps some member of my staff who is here will be able to give you that answer.

Senator PEPPER. You can have them come up and sit with you, Doctor, if you like.

Dr. PARRAN. We do not have the information. They were stopped in the sense that the War Production Board refused initially to approve the original requests, or requests which involved more permanent types of construction using structural steel and other critical materials.

Dr. WEBER. So the whole program has been delayed because of shortage of critical materials, and now that the estimates have been revised you do not know whether the projects now under way will be completed?

Dr. PARRAN. The Public Health Service part is only to review and survey as to the nature and extent of the unit in reference to hospitals, public water supplies, sewage systems, health centers, and a few garbage projects.

Senator PEPPER. Doctor, would you not consider that the War Production Board would consult the head of the Public Health Service or some other medical agency before they stopped the hospital program, or have they become directors of health as well as critical materials?

Dr. PARRAN. It has not worked out the way you indicate, Senator. What happened was when a large number of projects had been recommended by us and approved by the President, and contracts had not yet been let, the War Production Board issued a general order regarding all kinds of construction. It was not that they were singling out hospitals, but it had to do with all kinds of construction for which they were trying to save critical materials. The situation seems to have gotten tighter and tighter, as you know.

Senator PEPPER. The hospitals were caught in that blanket order?

Dr. PARRAN. The war supplies were caught in that order.

Senator PEPPER. Did the War Production Board sit down with you and ask what you thought were absolutely essential health requirements and how narrowly they could carve it down to the bone?

Dr. PARRAN. No; but I assume they had our certifications which went to the Federal Works Agency and were contained in the individual documents.

Senator PEPPER. Are they doctors in the Federal Works Agency? Are they medical men.

Dr. PARRAN. We act as medical health advisers to the Federal Works Agency.

Senator PEPPER. So the point is that the material people decided the medical question of how many hospitals there ought to be in the country?

Dr. PARRAN. I would not quite say that. I think they decided how much steel could be spared from ships, tanks, and other war weapons.

Senator PEPPER. And how many lives could be sacrificed by inadequate hospital facilities in gaining that much critical material? Is not that essentially the question of balance of interest, what are you going to pay in public health for the things you gain in battleships, airplanes, and tanks? It is a balance of interest. It is strange that no medical authority has been taken into the council, in the determination of that question.

Dr. WEBER. General, could I ask if you have the figures there on housing units that have been completed? I think you mentioned over 200,000 had been authorized as against an additional need that you estimate is over 600,000. How many of those 200,000 that have been authorized have actually been completed?

Dr. PARRAN. I do not have that figure, Senator. I know, continuing my general testimony that the Service pointed out the needs for additional water supplies, sewage disposal, and in some instances health centers.

Senator PEPPER. Can you give us the same summaries for that, Doctor?

Dr. PARRAN. Yes. Public water supplies costing \$36,900,000, serving 3,394,000 people—I beg your pardon. I have the division as between the supply and distribution systems. I am trying to lump them together. Additional capacity in gallons per day, 1,500,000, costing \$36,900,000; a distribution system serving a population of 3,900,000 costing approximately \$50,000,000.

On sewage disposal, additional population to be served, 3,900,000, at a cost of approximately \$60,000,000, and treatment facilities costing \$57,000,000. Our estimates, I should say, in reference to sewage treatment, have needed to be revised downward. At the present time, we are not recommending the construction of sewage treatment plants unless a nearby water supply would be very seriously threatened, and that while a desirable health measure we felt it was one in which we could lower our standards for the duration in order to save on materials.

Senator PEPPER. Does that complete the summaries of the survey?

Dr. PARRAN. Yes. We have made an estimate that these communities need to spend for general public health approximately \$1 per capita. They are spending now approximately one-half that amount. That about completes the information.

Dr. WEBER. General, would it be fair to say that these estimates of needed community facilities are unrealistic today in the face of material shortages? That is, you are able to show on the basis of migration of over 5,000,000 persons to urban areas having 54,000,000 persons, that a certain number of community facilities, sewage disposal plants, housing units, hospitals, and so on, should be erected, but in actual fact, despite the appropriation of funds, those facilities have not been constructed in the main.

Dr. PARRAN. That is right.

Dr. WEBER. There is no assurance—in fact, it appears that they will definitely not be constructed because of the orders of the W. P. B. and because of the shortage of raw materials. Would that be a fair statement?

Dr. PARRAN. Yes. All of us are trying to get along with the least possible. In some instances, a water supply would be seriously threatened if sewage treatment were not provided, and those projects are receiving the approval of the War Production Board. In connection with water supplies, we revised downward our original estimates. The figures which I have given you represent what we think are the essential needs now in the light of present conditions.

Dr. WEBER. Let me ask you this: It has been stated that in the field of housing we may face rationing fairly shortly in certain critical communities. Would it be your opinion that since it is not likely that the new community facilities will be constructed, that some methods of distributing or obtaining adequate community services will have to be worked out in regard to hospitals, water supplies, and so on? Is there any study being made in types of rationing or into the methods of distribution of those facilities?

Dr. PARRAN. Yes. As regards housing, last January, before the United States Conference of Mayors, I recommended compulsory habitability in these war areas as a means of rationing housing. The hospitals are being rationed now in the sense that patients who have operations that can be postponed are not taken, and the length of time that a patient stays in the hospital has been reduced sharply. In many instances obstetrical cases are sent home by ambulance after 2 to 5 days following the delivery, if the case is a normal one. That type of rationing is being practiced.

Dr. WEBER. That type of rationing already exists here in the District, does it not?

Dr. PARRAN. Yes.

Dr. WEBER. Particularly in regard to obstetrical cases.

Dr. PARRAN. Yes.

Senator PEPPER. Now, when you were given the directive or the general admonition to make these surveys you were told, as I understand you, only to investigate those areas in which there have been migrations of war workers and what the additional need of the several communities into which such migrations came were because of the war.

Dr. PARRAN. Yes.

Senator PEPPER. Now, did you contemplate in your survey bringing the level of the general population in housing and health facilities up to the standard that you think it ought to reach, or did you deal just with these migrations, providing physical facilities to take care of the migrations?

Dr. PARRAN. More than that, especially in communities where the ratio of population was relatively small in comparison with the total. The financial arrangement as to what proportion a city would pay and what proportion is borne out of the Lanham Act is handled entirely by the Federal Works Agency.

Senator PEPPER. So, you were confined in your survey to about 54,000,000 people, to the communities housing about 54,000,000 people out of the 130,000,000 people. In the first place, you were kept out of areas where there was no war work going on, and you were supposed to bring up community facilities where migrations occurred only to a level that would take care of the new people that came in?

Dr. PARRAN. Essentially that.

Senator PEPPER. Now, I assume you were aware of the probable shortage of materials and the like when you made your recommendations; and that you probably made them on a conservative basis at that time, did you not?

Dr. PARRAN. Well, the Service, maybe more than a year ago, a year and a half ago, before we realized what this war was going to be like, did make recommendations in certain instances for sewage treatment plants which we would not make today. We have tried to adjust our recommendations to the deepening war situation, and of course the scarcity of materials.

Senator PEPPER. You recommended the number of hospitals that you thought were the minimum required?

Dr. PARRAN. Four and one-half per thousand population; yes.

Senator PEPPER. Which made a total of 290 that you recommended?

Dr. PARRAN. Two hundred and ninety have already been recommended; yes.

Senator PEPPER. You recommended 290 and the President approved 218, and only 2 have been finished so far?

Dr. PARRAN. Yes.

Senator PEPPER. And it is doubtful as to whether the rest of them will be completed at all?

Dr. PARRAN. Fifty-one are under construction, and many of them are well toward completion. That is, I think it is likely that the total 218 will be constructed. Most of them are cantonment types of buildings and are for the areas most urgently needing hospital beds.

Senator PEPPER. If only the two that are now completed are to be added to the facilities which existed when the war started, would you say the number was adequate?

Dr. PARRAN. By no means.

Senator PEPPER. If only the 51 that are in process of construction are completed, will they be adequate or inadequate?

Dr. PARRAN. In order to provide the minimum adequate number of beds in these areas we think that a total of 34,000 beds should be constructed. Of those, 20,000 have now been authorized and another 14,000 are recommended.

Senator PEPPER. That is the minimum, in your opinion, that should be required?

Dr. PARRAN. Yes.

Senator PEPPER. What would be the effect of that minimum that you have recommended not being met in construction?

Dr. PARRAN. A continued rationing of the beds with what we have, the best use of the available hospitals.

Senator PEPPER. What will be its actual effect in terms of taking care of the people?

Dr. PARRAN. Much less good medical care. It is difficult to forecast in terms of death rates and sickness rates.

Senator PEPPER. Isn't it probable that that will reflect itself in more deaths, a higher rate of sickness, and more incapacity on the part of those war workers who turn out war material?

Dr. PARRAN. One would assume that certainly would be the case. But just the exact measure of it I would not be prepared to say. On the other hand, Senator, I think all of us realize someone has to balance the need of hospitals up against the need for another tank or another ship.

Senator PEPPER. Who is doing that now?

Dr. PARRAN. I assume that is the responsibility of the War Production Board.

Senator PEPPER. Are they doctors?

Dr. PARRAN. No.

Senator PEPPER. Have they made an estimate as to where that balance of interest would be by consultation with any medical authorities that you know? Have they appraised the probable effect of denying these hospital facilities to the communities upon the people and upon the production program?

Dr. PARRAN. I cannot answer that.

Senator PEPPER. Go ahead, Doctor.

Dr. PARRAN. We have attempted to increase the number of nurses available in the country under appropriations given by the Congress. In 1940 there were about 35,000 nurses entering training schools, and in 1941 about 45,000, and this fall about 55,000.

In addition we have just recommended to the hospitals of the country that they shorten their period of training nurses, and specifically that after the end of 2 years training the student nurses be moved out of the nurses' dormitories, therefore making room for additional one-third students who can come in and start their training. This has been supplemented by a very active program carried on by the Red Cross under which 50,000 nurses' aides are being trained this year, and 100,000 trained next year. Moreover, the Red Cross has given instruction in home nursing and the care of the sick to some half million people this year, and they hope to increase that to a million next year. The Public Health Service has undertaken to help the States in a number of ways, not only by grants of money but by the recruitment and assignment of doctors, engineers, nurses, and other technicians, especially laboratory technicians. At the moment some 705 such people have been assigned for general health work, 50 for industrial hygiene work, and 574 for venereal disease control work.

Senator PEPPER. Doctor, let me interrupt you. Take the nurses you are just now describing, how many nurses are there in the country?

Dr. PARRAN. It is awfully hard to count them. About 300,000.

Senator PEPPER. Have you made the survey of the number that are needed in the country?

Dr. PARRAN. Yes.

Senator PEPPER. How many?

Dr. PARRAN. The armed forces need approximately 30,000 nurses, additional nurses.

Senator PEPPER. Is that as a result of the survey you made?

Dr. PARRAN. No, sir; that was reported by them.

Senator PEPPER. You mean they say they need 30,000?

Dr. PARRAN. Yes. The hospitals of the country report approximately about a 30-percent shortage in their ward nurses. That is not a reduction under the number of last year or the year before, but the increased patient load has brought the need for additional nurse service. Essentially, we think all nursing needs will be met.

Senator PEPPER. As to the actual number that you need?

Dr. PARRAN. Yes. The needs will be met by the training in the nurse training schools of 65,000 to 70,000 new students next year, and 55,000 to 60,000 this year. That we think will supply the number of nurses needed, especially if their services are supplemented with nurses aides and less well-trained people. At the moment, hospitals are using one trained nurse to 1.8 less well-trained persons. In Great Britain they are using one trained nurse to four nurses' aides, less well trained.

Senator PEPPER. Then, we are not adding but about 75,000 to the number of nurses in the country this year?

Dr. PARRAN. That is approximately the amount.

Senator PEPPER. And the training program is still a minimum of 2 years?

Dr. PARRAN. Yes; but during the second year especially those nurses render ward service in addition to their training.

Senator PEPPER. Is that 75,000 that we need for this year to be in training?

Dr. PARRAN. I think so. In the first place, that is all that can be admitted and housed and given some instruction, and, moreover, with the competition of war industries of our womenpower it is going to be difficult to get more nurses than that, I anticipate. I shall feel very fortunate if we are able to step up the numbers to the quotas that I have mentioned.

Senator PEPPER. Are those ladies getting anything while they are in training?

Dr. PARRAN. Frequently they pay tuition.

Senator PEPPER. You mean the nurses pay tuition for their training?

Dr. PARRAN. Yes.

Senator PEPPER. Well, apprentices in the factories do not pay tuition, do they?

Dr. PARRAN. I think not.

Senator PEPPER. Is there any reason why the nurses that are needed in the national defense have to pay tuition for their training?

Dr. PARRAN. We have authorized the hospitals of the country, the accredited hospitals—let me express it differently. We have made available tuition to any prospective student nurse who is certified to us by the hospital as needing tuition.

Senator PEPPER. What about the upkeep of that nurse while she is taking the training?

What is she going to live on?

Dr. PARRAN. The whole system in the nurse set-up in the past has been very chaotic.

Senator PEPPER. That is not what I am concerned about, what the system has been in the past. Let's us forget what the past has been, Doctor; but let us consider what the United States of America now needs and then how well we have met those needs. If there are 75,000 nurses needed this year, or 100,000 nurses, then would not it be the duty of the Public Health Service to get the nurses in and get them in training and provide for the means of their upkeep while they are in training and then place them so they can best serve the population?

Dr. PARRAN. We are attempting to do that under an appropriation with which we are aiding some 265 hospitals in giving a basic nurse-training course at a cost of about \$350 per nurse.

Senator PEPPER. That does not include housing and subsistence for the nurse?

Dr. PARRAN. Except where the nurses need it.

Dr. WEBER. How many hospitals have actually filed, and for how many nurses, requests that their tuition be paid?

Dr. PARRAN. Of the \$350, which is the average cost to the Federal Government for training a nurse, I would estimate that one-third of it is for tuition and the additional amount is for the added cost to the hospital for the instruction to the nurse.

Dr. WEBER. Doctor, do you know how many nurses actually in round figures have been assisted? That is, we have a Federal subsidy for the N. Y. A. trainees, but we have no Federal subsidy for nurses.

Dr. PARRAN. Twelve thousand nurses up to date, divided as follows: 9,200 new students, advanced training to 1,800 nurses, refresher courses to 1,000 nurses.

Senator PEPPER. Have the hospitals been recruiting the nurses or the Public Health Service?

Dr. PARRAN. The hospitals have been recruiting the nurses.

Senator PEPPER. Pursuant to directions by the Public Health Service?

Dr. PARRAN. Pursuant to plans jointly worked out with the training schools and ourselves.

Senator PEPPER. Suppose the Public Health Service said we ought to have an additional 150,000 nurses, and suppose the Public Health Service itself made the assignment or sought to recruit that 150,000 nurses, and suppose that those nurses were given enough money to provide for their subsistence and their tuition while they were in training, and then suppose that they were placed by the Public Health Service in institutions and in such places as they could get their training, do you think that the number needed would be available from the women population of the country?

Dr. PARRAN. A limiting factor, Senator, is the housing facilities in the nurses' dormitories.

Senator PEPPER. As you said awhile ago, nurse training had been recommended in the hospitals of the country. What about the home, private service? What about that method of training?

Dr. PARRAN. That method is being used in some instances, and can be extended still further. I think the nurse situation will be reasonably well met, will be adequately met if the nurse training schools will put their student nurses on a salary after the end of 24 months and move them out of the dormitories, thereby making available one-third of the space now in the dormitories.

Senator PEPPER. You said that the hospitals will do that. Have you got any assurance that they will do that?

Dr. PARRAN. They are being pressed very hard to, and I am hopeful most of them will, but there is no compulsion as far as the Federal Government is concerned.

Senator PEPPER. Is it right to be hopeful in a national emergency in respect to the provision of adequate nurses to serve the population? Do you lack the funds or do you lack legislative authority to do what is necessary to protect the public health of the country, Doctor?

Dr. PARRAN. I should like to see whether or not the nurse training schools undertake this program on a voluntary basis before being willing to recommend that the Federal Government itself take over the training of nurses. It is not as simple as training other people, because the training school is integrated with the hospital, it is difficult to separate one from the other, as you know.

Senator PEPPER. The Federal Government has taken over the training of soldiers, and it has taken over the training of certain war workers, has it not? It has provided training facilities for apprentices of one sort or another. Is there any reason why the Federal Government is not equally concerned about the health of its citizenry?

Dr. PARRAN. I think the Federal Government is doing as much in terms of the individual nurse student as it is in reference to any of these other sectors, Senator.

Senator PEPPER. You are satisfied, then, that the program upon which you are working now adequately serves the needs of the American people? Are you willing to state that, Doctor?

Dr. PARRAN. Yes, if the program we have outlined to the hospitals is carried out I think there should be no shortage of nurses.

Senator PEPPER. Is that in relation to the needs of the people?

Dr. PARRAN. Yes.

Senator PEPPER. So, if you were outlining an ideal program to protect and preserve the public health of the United States you would not add to the number of nurses that are now being trained under your present program?

Dr. PARRAN. That are now being trained and the number that are now being trained under the accelerated plan that I have described.

Senator PEPPER. Well, we are nearer perfection, then, than many of us have thought.

Dr. PARRAN. The nurse-training centers have stepped up their enrollment, as I said, from 35,000 to 55,000. A great many inactive nurses have come back on duty; a great many married nurses who have not been practicing are doing nursing work. The needs are being met in these several ways.

Senator PEPPER. Have you examined the situation in a lot of southern counties to see how many nurses are available to the population of whole counties in this country?

Dr. PARRAN. We have a survey of the nurses of the country broken down by counties.

Senator PEPPER. Are not there many counties in the United States where there is not a single accredited nurse?

Dr. PARRAN. Yes. I am not sure that there are many such counties.

Senator PEPPER. Doctor, do you know that in the State of Florida, in some counties over half of the child deliveries are by midwives and not nurses? Would not a nurse be better to perform even that func-

tion than an ordinary midwife, or is a county that has no nurse in it or one nurse in it adequately served by nurses in the United States?

Dr. PARRAN. No; it is not, Senator; but you think in these days we have got to do, as you described, arrive at a balance of interest as between the total amount of manpower that we have for one or another job? We haven't felt that in these days it was possible to develop for the whole population the sort of ideal health program which some of us have envisioned. I do not believe there is equipment, and there are certainly not the doctors available to carry out such a program. However, I think many needs are being met by people on a voluntary basis in ways that we had not envisioned before the war, as the self-help in nursing, for instance, one family help to nurse another.

Senator PEPPER. In what you said, did you indicate that you are assuming the functions of Mr. McNutt in the distribution of manpower among the various needs of the country?

Dr. PARRAN. No. I figure I am only one small claimant for manpower, Senator.

Senator PEPPER. I did not ask you a minute ago whether you thought we could afford to give the people all the nurses they need, I asked you how many nurses the country needed to preserve the health of the country. You said we did not need any more.

Dr. PARRAN. I said some 75,000 additional nurses.

Senator PEPPER. Then, you tell me there are a lot of counties where there are no nurses at all, or maybe one. Of course, that is pitifully inadequate. Yet you submit with some sense of futility, some sense of frustration, that they could not be given the number they ought to have. I would like to know whether you are testifying about what you think the Government can afford to do in the sense you are representing the Government or whether you are testifying from your knowledge of the needs of the country? I am not asking you what the governmental policy ought to be; we are trying to determine that here in the legislative branch of the Government. What we want to know is what are the needs of the country, and whether those needs are ever met will have to be determined by some authority or agency that will divide the nurses between the sickroom and factory and school, because it is the people we are dealing with right now, that is, the over-all needs. We are vitally concerned as to whether the public health is being sacrificed to some other need. Now, we are relying very heavily on you to be purely a reporter of the facts about the people of our country and their health, and their health needs. Now, in what way, if any, does the work of the Public Health Service tie in with that of the Procurement and Assignment Service?

Dr. PARRAN. The Public Health Service does not offer commissions to any doctor who has not been cleared by the Procurement and Assignment Service as being not essential.

Senator PEPPER. How is the Procurement and Assignment Service operated?

Dr. PARRAN. You mean in reference to the Public Health Service?

Senator PEPPER. How have they gotten doctors?

Dr. PARRAN. They have made a census of the doctors of the country. They have asked the States to report, and the localities to report upon who are essential and who are not essential.

Senator PEPPER. Now, who makes that survey?

Dr. PARRAN. The Procurement and Assignment Service with its regional and State committees.

Senator PEPPER. That was not made by the American Medical Association?

Dr. PARRAN. Initially, the American Medical Association made a survey, and more recently the Procurement and Assignment Service, itself, made another survey.

Senator PEPPER. Dr. Lahey, the present chief of the Procurement and Assignment Service, was formerly president of the American Medical Association?

Dr. PARRAN. Last year.

Senator PEPPER. I assume the other members of the board are members of the American Medical Association. Now, as a matter of fact, has the Procurement and Assignment Service determined the need of the Army and Navy for doctors that they recruited?

Dr. PARRAN. Not so far as I know.

Senator PEPPER. Have you passed on the directives that have been issued by the Army and Navy to the Procurement and Assignment Service?

Dr. PARRAN. No.

Senator PEPPER. So far as you know, nobody has represented the public in the decisions made as to the number of doctors needed by the Army and Navy?

Dr. PARRAN. Presumably the Medical Department of the Army.

Senator PEPPER. They are in the Army, are they not? They are representing the Army and Navy, you would assume, would you not, Doctor?

Dr. PARRAN. Oh, yes.

Senator PEPPER. So, the public, so far as you know, has not been taken into consideration in the making of their plans about the need of the Army and Navy, in the directives that have been issued to the Procurement and Assignment Service. Now, would you have approved, had it been submitted to you for determination, the South Carolina situation, for example, which already had 1 doctor to 4,100 people, contributing 170 percent of its quota as weighted and determined by this Procurement and Assignment Service to the armed services in relation to the doctors?

Dr. PARRAN. No. I think the Procurement and Assignment Service should have intensified its recruiting efforts in the States where there was a larger surplus rather than in the States which you say had a low ratio of doctors to the population and that ratio has gone down even more.

Senator PEPPER. And in some instances they took more than 200 percent of their quota.

Dr. PARRAN. I understand that is the case; yes, sir.

Senator PEPPER. Does the Public Health Service now have adequate data concerning the health needs and available medical facilities for the civilian population?

Dr. PARRAN. We have information concerning the war areas in general.

Senator PEPPER. Only the war areas?

Dr. PARRAN. Chiefly in the war areas.

Senator PEPPER. And the proportion of the whole population, that is, the number of people in those areas is estimated to be about 54,000,000 of the 130,000,000 of the country?

Dr. PARRAN. Yes.

Senator PEPPER. So, even during the war you have not been given a directive to develop a national public-health program; you have only been given a directive to provide certain additional facilities for migratory labor engaged in war work in certain communities of the country?

Dr. PARRAN. Yes.

Senator PEPPER. Do you think that allocation of medical personnel between military services and civilian work should have been handled through the Public Health Service rather than through the Procurement and Assignment Service?

Dr. PARRAN. I think the present arrangement is the best. As a matter of fact, after seeing the system as it was set up in Great Britain 18 months ago, I discussed that system with the Health and Medical Committee and others, and perhaps was responsible to some extent for a separate group representing the medical and dental professions being set up to deal with this problem.

Senator PEPPER. You mean that system that ignores civilian needs for medical services is the best of all; in your opinion?

Dr. PARRAN. No; the Procurement and Assignment Service has the responsibility, under the Executive order creating it, of considering the needs of the civilian population as well as the military, to seek to secure doctors for military service with the least damage to civilian health and medical care.

Senator PEPPER. So far, then, they haven't performed their duty if they have neglected to protect the civilian population in that recruiting?

Dr. PARRAN. The Procurement and Assignment Service itself frequently has not been the recruiting agency. The Army sent into fields all over the country a large number of committeemen who recruited doctors directly without reference to the Procurement and Assignment Service.

Senator PEPPER. They were looking after the needs, of course, of the armed services.

Dr. PARRAN. Yes.

Senator PEPPER. So, the system to date, as a matter of fact, is that there has been the Procurement and Assignment Service carrying out the directives of the Army and Navy, and the Army and Navy have been doing their own recruiting, but nobody has been sitting in on the decision as to the number of doctors needed in the armed services so as to protect the civilian population. That is a fact; isn't it?

Dr. PARRAN. Certainly there has been a very active recruiting.

Senator PEPPER. But nobody has been sitting in on their councils in determining the number of doctors needed so far to protect the civilian population.

Dr. PARRAN. The Procurement and Assignment Service itself has attempted to limit the number of doctors going from certain areas, but they have found it very difficult to do, Senator. As you know, it is a voluntary group. We do not have a national service act, and in the absence of it it is pretty strong medicine to say to a doctor, "You

may not bear arms for the country because you are one doctor for 4,000 people in the community." That is no responsibility on which he will agree. We may need to come to that. On the medical front the time may have arrived, I do not know. I do know there is a serious depletion of medical manpower in certain areas. With your permission, I should like to give you some examples of areas where the number of doctors is all too few.

Senator PEPPER. I realize that. I started to say. Is it not a fact that actual pressure has been put on a lot of doctors to make them come into the service with the threat that they would be drafted if they did not come into the service?

Dr. PARRAN. That is true.

Senator PEPPER. I had a letter yesterday, which I sent to Dr. Lahey for investigation, where I was informed that a very competent doctor and surgeon, a physician and surgeon, had been injured while operating a tank. They put him in a tank corps. That may or may not be a question of fact, but I understood yesterday the testimony to be that some doctors had been taken in as privates by the Selective Service System.

Dr. WEBER. Doctor, may I ask you a question there?

The committee has been told that some doctors who have resisted such pressure have been drafted, have remained in the position of privates in the Army over a long period of time. Do you know whether that is factually true or not?

Dr. PARRAN. I would doubt it. I would doubt that any qualified doctor is now serving as an enlisted man. Certainly no case has come to my attention.

Dr. WEBER. Going back for a moment to the question of recruiting, you say that the Army and Navy have had independent recruiting teams in the field other than the recruiting efforts made by the Procurement and Assignment Service.

Dr. PARRAN. The Army has had teams in the field. The Navy apparently has been able to get a sufficient number of doctors without doing that.

Dr. WEBER. So if the Procurement and Assignment Service had said to an individual, "It is better for you to stay in your community," the Army recruiting team could come to him and say, "We want you"?

Dr. PARRAN. I think that has been stopped.

Dr. WEBER. Do you know whether it has been stopped?

Dr. PARRAN. I think I have reliable information that it has been stopped, and was stopped some time ago. However, there is nothing to prevent a doctor in South Carolina who wants to join the Army from joining. The social pressures for young men to get into the service have impelled many people to feel that the best way to serve their country was in a military way and that makes it very difficult for any group in the State to say, "No, you cannot go." There is no law to keep such a man practicing in North Carolina or South Carolina. He can go to New York City and set up in practice there.

Senator PEPPER. In view of the situation that exists in some of the counties in the South, how can you reconcile the coercive measures that have been resorted to by the Procurement and Assignment Division in cooperation with Selective Service to force doctors into the service to which you referred a minute ago?

Dr. PARRAN. It seems to me that the Army and Navy needs must be met first. That is a basic thesis on which all of us have been proceeding.

Senator PEPPER. By which you mean that they are not subject to examination by anybody who has any concern for the civilian population?

Dr. PARRAN. No; I am not saying that their tables of organization should not be subject to review at the cabinet level.

Senator PEPPER. As a matter of fact, at the present time there is no final authority to apportion doctors between military and civilian needs?

Dr. PARRAN. No; there is not.

Senator PEPPER. Now, at the present time, the Army is taking in doctors at the rate of about 7.2 per thousand, and the Navy at the rate of about 6.5.

Dr. PARRAN. So far as I know, the Army has not made public its ratio of doctors to strength.

Senator PEPPER. Well, Dr. Lahey testified yesterday to those figures here before this committee.

Dr. PARRAN. Yes.

Senator PEPPER. Now, if that rate is continued and we recruit an Army of 7,500,000 men what will happen to the civilian population of the United States with respect to doctors?

Dr. PARRAN. I think, Senator, we can spare from civil practice a total of, let us say, 55,000 doctors, if we ration, if we spread the remaining doctors evenly in proportion to the needs of the population.

Senator PEPPER. How many do we need for the population, Doctor? Do you mean we need 50,000 more?

Dr. PARRAN. No; a total of 50,000.

Senator PEPPER. How many would that be?

Dr. PARRAN. About 170,000 doctors altogether in the United States. About 150,000 of them are effective doctors, they are practicing, the others have given up practice or their teaching work. In private practice there are about 125,000 that are in private practice or in the schools in full-time teaching positions or in laboratory positions, in public health positions, all doctors other than those who are practicing private medical care. Now, out of those totals we find that there are 61,000 doctors between the ages of 45 and 64, of whom some 55,000 are in private practice. There are about 8,000 women physicians. In other words, there is a pool of about 75,000 doctors ineligible for military service that consists of women, men over 45, and doctors with physical disabilities.

Senator PEPPER. You mean there would be about 75,000 left after the Army has the 50,000 to which you referred?

Dr. PARRAN. The 75,000 ineligible because they are women, because they are over age, and because they have physical disabilities.

Senator PEPPER. Would that number be adequate to serve the civilian population, in your opinion?

Dr. WEBER. What do you understand to be the function of that country, I think we could spare around 55,000.

Senator PEPPER. That would leave 120,000 or 125,000 doctors altogether?

Dr. PARRAN. Yes.

Senator PEPPER. That would include all the disabled and partially defective, of course?

Dr. PARRAN. That is right, that would give us a ratio of 1 doctor to about 1,500 people.

Senator PEPPER. And in your opinion is that an adequate number?

Dr. PARRAN. I think we can get along with that number if their services are available evenly.

Senator PEPPER. That would require a distribution of the doctors over the country which is not now the case?

Dr. PARRAN. That is right.

Senator PEPPER. It would require rationing of medical care and hospital facilities, would it not?

Dr. PARRAN. Yes.

Senator PEPPER. And it would put medical service on the basis of need and not on the basis of ability to buy, would it not?

Dr. PARRAN. That might follow, but not necessarily.

Senator PEPPER. So if that number were taken away and we had only the number you mentioned left, in order to give the country any sort of adequacy of service, all those conditions would have to occur?

Dr. PARRAN. Unless the conditions of even availability of medical service in relation to the needs of the population were met, there undoubtedly would be many places where there would be inadequate medical care, as there are today.

Mr. WEBER. General, just on that point, we know from normal occurrences in peacetime we are not going to obtain an even distribution of those 75,000 doctors without central direction. Now, the question is, just to give you an example, the question of giving some income security to doctors in rural areas.

Dr. PARRAN. That is true.

Dr. WEBER. It is a question of rationing hospital facilities, a question of seeing to it that the industrial worker gets the services, let us say, first of the doctors that are available. All these steps to obtain a distribution of health services and facilities are going to require central direction. Are you prepared to recommend a national health program involving all of these aspects?

Dr. PARRAN. I am not prepared now to recommend the compulsory allocation of doctors in advance of a national service act. I think there are many things which happened up to now that can be done. Many of these problems which seem so complicated, as we view them in the total really break down into a multiplicity of relatively simple problems.

Senator PARRAN. Like providing a doctor for one of the counties in Florida that has no doctor?

Dr. PARRAN. No; like providing a doctor and a dentist for Valparaiso, Fla., at the request of the State defense council. We were able to secure a doctor and a dentist. They appointed them in the Public Health Service and assigned them there. Similarly we have assigned two doctors to the State Health Department of Virginia, for service in an emergency clinic, in a hospital in Norfolk. It is not always just getting a doctor, it is getting a particular kind of doctor. Maybe an orthopedic surgeon is needed in Vallejo, Calif., or again a pediatrician is needed somewhere else.

Senator PEPPER. What about South Carolina where there was 1 doctor to 4,500 people in peacetime and now there are many fewer doctors than that? What about that situation?

Dr. PARRAN. If the State Health Department of South Carolina says to me that we need one or more doctors to properly protect the health of the people in one or another area in the State, we are prepared to recruit such men, put them in our reserve, and assign them to this work, just as we assign doctors on the staff of venereal-disease clinics, to operate immunization clinics, child nurse clinics, and so forth.

Dr. WEBER. The initiative depends upon the State, it does not depend upon you or the Federal Government?

Dr. PARRAN. On our own initiative we investigate the situation and give the State the information as to what the situation is. I am inclined to think that many of these needs can be met. They can be met in two or three ways. In one instance, the Army might furlough a doctor back home, and from one point of view that is very desirable. He knows the people, he knows the community, and he can be available in some urgent situation.

Senator PEPPER. Doctor, what is the Public Health Service doing or recommending with respect to adding to the country's supply of doctors?

Dr. PARRAN. The medical schools have increased their enrollment and are operating fully around the clock, as you know. If that process is continued after the war, I think we shall very probably have an adequate number of doctors.

Senator PEPPER. You mean when? After the war?

Dr. PARRAN. Yes; when the men come back from service.

Senator PEPPER. Well, now, what is the Public Health Service doing on its own to insure a larger number of doctors in the schools? Is tuition and subsistence being offered to any men that are capable of taking medical training by the Public Health Service?

Dr. PARRAN. No.

Senator PEPPER. None whatever?

Dr. PARRAN. None. The number of qualified applicants for medical schools, however, is about double the number admitted year by year.

Senator PEPPER. You mean by that both mentally and financially qualified?

Dr. PARRAN. Mentally qualified.

Senator PEPPER. How about the question of the financial disqualification to serve the country as a doctor?

Dr. PARRAN. Well, in medical schools, like in every institution of higher learning, there is a higher ratio of boys and girls from the upper income groups, of course.

Senator PEPPER. That is the condition as it exists now, but we face a national shortage of doctors, do we not?

Dr. PARRAN. We have a shortage now for military and civilian needs.

Senator PEPPER. We have a shortage now for military and civilian needs, and therefore we have the greatest public need for additional doctors, do we not?

Dr. PARRAN. Yes, sir.

Senator PEPPER. Now, are the medical schools going to be left to their own initiative to solve that public need, or is that going to be a public responsibility which we as public officials will face?

Dr. PARRAN. I do not think that is an urgent matter at the moment, Senator.

Senator PEPPER. You mean getting additional doctors in training is not an urgent matter now?

Dr. PARRAN. The medical schools are taking all that they can train. They have two applicants for every person admitted.

Senator PEPPER. They have no more facilities for training doctors in the country, facilities that are not being employed?

Dr. PARRAN. No; they have not.

Senator PEPPER. You could not train any more doctors?

Dr. PARRAN. Perhaps some schools could be organized, but the first results would flow from that after 4½ or 5 years or more.

Senator PEPPER. There is no way that you could reduce the training period so as to get them qualified to render some assistance to the population?

Dr. PARRAN. I do not think it can be reduced.

Senator PEPPER. What is the period that a doctor must go through his training now altogether? How many years?

Dr. PARRAN. Formerly 4 scholastic years. It has been contracted into 3 now.

Senator PEPPER. How many more?

Dr. PARRAN. One year of internship.

Senator PEPPER. You do not mean he takes his academic and medical courses in 4 years?

Dr. PARRAN. The medical course follows after either 2 years of college or 4 years of college.

Senator PEPPER. How many years of medical school?

Dr. PARRAN. Normally 4 years.

Senator PEPPER. So, it is a minimum of how many years now?

Dr. PARRAN. From high school?

Senator PEPPER. Yes.

Dr. PARRAN. Nine scholastic years.

Senator PEPPER. So, if we start now to train doctors the first one will not come out of the assembly line for 9 years.

Dr. PARRAN. Oh, no; there are many qualified college students who are ready to go into medical school and will be graduated after 3 calendar years.

Senator PEPPER. After 3 years?

Dr. PARRAN. Yes.

Senator PEPPER. You cut the period of nurses down from 3 to 2 years?

Dr. PARRAN. Yes.

Senator PEPPER. There has been no reduction in the period of the doctor's training?

Dr. PARRAN. Not as yet.

Senator PEPPER. You do not think in an emergency it will be possible to diminish that period of training any?

Dr. PARRAN. I am not prepared to answer that question, Senator. It requires a very wise balance as between numbers and quality.

Senator PEPPER. I understood from Dr. Lahey or someone recently that they were putting even a good many civilians into a good many places of administrative capacity, for example: where doctors are now employed.

Dr. WEBER. Seven thousand.

Senator PEPPER. Some 7,000 civilians. I mean a layman's unit, where medical men had been put into administrative places, so they could release doctors that were in those places.

Dr. PARRAN. That is what is now being done in the general office. I am not informed as to the Army practice, but in the State health departments we are doing that, in our own service we are doing that, we are using the less trained personnel to relieve the nurse and doctor.

Dr. WEBER. Doctor, as I understand it, you are going to be present at this conference on Saturday called by Dr. Lahey?

Dr. PARRAN. I had a letter from Mr. McNitt saying he was going to the conference between the Procurement and Assignment and the Surgeon General.

Mr. WEBER. What do you understand to be the function of that conference?

Dr. PARRAN. I do not know.

Dr. WEBER. Can we assume from your testimony this morning that you approve of the general work of Procurement and Assignment?

Dr. PARRAN. That covers a good deal of territory. I think Dr. Lahey would be the first to say that it has not functioned with 100-percent efficiency. I do get the impression that it is functioning better as time goes on. They are very slow in getting under way. Then, there was the urgent need of the Army for people, and the Army cut across lots to go out and recruit doctors without working through Procurement and Assignment because Procurement and Assignment was so slow.

Dr. WEBER. Do you think the recruiting team method has been stopped?

Dr. PARRAN. I think it has been stopped. I think it should be stopped. I would raise the question as to whether or not we should go so far to prohibit a doctor because he happens to be in South Carolina from joining the Army.

Senator PEPPER. Doctor, do you think it may not be necessary to send back some of these, for example, South Carolina doctors—back to their State?

Dr. PARRAN. I suggested that as one method. I suggested also the possibility that the Public Health Service can still recruit some doctors from the areas where there is relatively a surplus and assign them for work in these communities. We are already helping the situation by assigning a considerable number of nurses, but that program can be stepped up greatly providing bedside nursing service for the people in these boom areas.

Senator PEPPER. In other words, it is another case of taking the copper miners, training them as soldiers, making them soldiers, and then sending them back as copper miners again.

Dr. PARRAN. If a doctor were sent back, that would be a comparable situation.

Senator PEPPER. All due to the error of Government policy in the beginning; not contemplating civilian needs as well as the military needs of the country.

Doctor, have you got any statistics on whether or not there are any diseases that are increasing as an incident of the war? Tuberculosis, for example?

Dr. PARRAN. There is tendency for tuberculosis increase, especially tuberculosis among young women. It is a tendency that is just beginning, but in view of the experience of the last war in Great Britain, in Germany, as well as even in the neutral European countries, we can forecast very definitely a rise in the tuberculosis rate.

Senator PEPPER. What are our plans for meeting that threat to the national health?

Dr. PARRAN. The plans are before this committee, I think, in a national bill, to provide community and tuberculosis hospitals. Perhaps that was passed by the Senate and then died in the House here a couple of years ago.

Senator PEPPER. In other words, we have the same plan that we had a couple of years ago?

Dr. PARRAN. A plan of constructing additional hospitals I think will be needed, just as soon as we get some materials.

Senator PEPPER. Were those plans contemplated in the 290 hospitals you recommended, of which the President approved 218?

Dr. PARRAN. No; tuberculosis hospitals by administrative definition have been excluded from the terms of the Lanham Act.

Senator PEPPER. I mention that because you recall in Orlando, Fla., we have the first and the State's only tuberculosis institution, and any increase in the size of those facilities has been flatly denied until after the war.

Dr. PARRAN. Yes.

Senator PEPPER. So, if the 290 hospitals that you recommended are not going to be built, in all probability it is not likely that any hospitals will be built to take care of the tubercular patients, then; is there?

Dr. PARRAN. Certainly. I have seen very little hope of it.

Senator PEPPER. So, substantially, we do not have any plan to take care of the increased threat to national health that is coming along with the war?

Dr. PARRAN. We have the plans but we have no prospect of action.

Senator PEPPER. I mean any plan that offers a prospect of success.

Dr. PARRAN. Yes; of accomplishment.

Senator PEPPER. Doctor, have studies been made as to how the war work by war workers has been affected by public health, or the health of those war workers?

Dr. PARRAN. We have very close records on the question of absenteeism from work on account of sickness and with the war drive or zeal of workers to keep up production. There has been no increase in industrial sickness as yet.

Senator PEPPER. Was there already any appreciable loss from industrial sickness in the United States before the war started?

Dr. PARRAN. Oh, yes; sickness causes much lost time. Recently it was calculated that sick and injured war-production workers lose 6,000,000 work days every month.

Senator PEPPER. Is that important, in your opinion, to war production?

Dr. PARRAN. Tremendously important.

Senator PEPPER. Would it aid war production if that amount of loss could be diminished?

Dr. PARRAN. It undoubtedly would.

Senator PEPPER. So that the public health then has a very direct relationship to war production and the strength of the Nation; does it not?

Dr. PARRAN. No doubt of it.

Senator PEPPER. Have you at your fingertips, Doctor, the number of selectees that were turned down because they could not pass the physical examination for the Army and Navy?

Dr. PARRAN. Approximately 30 percent of the total were rejected. Now, some of them are being taken into service, even though they have defects which initially disqualified them.

Senator PEPPER. What is the rehabilitation program that the Government now has under way for those rejects among the selectees?

Dr. PARRAN. The President, last October, by Executive order, delegated the authority to the Selective Service System, to General Hershey, and later some money was made available.

Senator PEPPER. Do you know how much?

Dr. PARRAN. I do not know the amount.

Senator PEPPER. \$5,000,000—less or more?

Dr. PARRAN. I am sorry I do not have the figure. I can furnish it for the record. All the money that has been made available I think has not yet been used.

Senator PEPPER. You mean they found out that these selectees did not have these defects?

Dr. PARRAN. No. They run into all sorts of difficulties. They tried the system in two States, Maryland and Virginia, and only a baker's dozen boys were finally made available for the Army.

Senator PEPPER. Can you give us the figure of the total number of rejected selectees that have been rehabilitated and made available to the armed services?

Dr. PARRAN. Relatively few, except those for venereal diseases.

Senator PEPPER. What would be your best estimate as to the number?

Dr. PARRAN. For the conditions other than venereal diseases, I should say relatively few. That does not count the boys who tried to volunteer and were turned down because of defective teeth and then got their teeth patched up on their own initiative.

Senator PEPPER. Neither does it count the ones who tried to volunteer, were turned down, and who did not correct the defect?

Dr. PARRAN. That is right.

Senator PEPPER. The number of selectees rejected for physical deficiencies was about 30 percent of the total number?

Dr. PARRAN. Yes.

Senator PEPPER. Doctor, as a medical man, how many of those rejects could have been made available for the services, for the armed services by an adequate rehabilitation program?

Dr. PARRAN. Somewhere between one-fourth and one-half, nearer 25 percent, could be made fully fit.

Senator PEPPER. At least 25 percent of the 30 percent?

Dr. PARRAN. That is right.

Senator PEPPER. Could have been, by an adequate rehabilitation program, made fit?

Dr. PARRAN. That is right.

Senator PEPPER. In a nation which is struggling for enough men to man its Army, its factories, and its fields, isn't it in the national interest that we put into effect an adequate rehabilitation program?

Dr. PARRAN. In my opinion it is, sir; yes, sir.

Senator PEPPER. But except for the directive that the President gave to General Hershey and some money made available which yielded a total of only a few hundred so far, that is all that has been accomplished on this rehabilitation program?

Dr. PARRAN. Yes. If I might say, plus the very substantial number of men with venereal diseases who have been treated or cured, or the disease has been arrested and thereby the men made available for service.

Senator PEPPER. What has been done with reference to those selectees with venereal diseases and who have been rejected?

Dr. PARRAN. They have been pulled up and encouraged, in some cases required, to take treatment. If they lapse in treatment, the Selective Service Boards are notified and those boards call the men up before them. The Selective Service Board actually has no authority to require one to take treatment, but under the State quarantine laws, with the substantially additional funds we have been giving to the States, a very active program has been carried out. I have heard of some instances of boys with syphilis, who seemed to cherish a little positivity in their blood so they would not be called up by Selective Service, and even in other instances of the employer holding the same point of view, otherwise he would lose a valuable factory or farm hand.

Senator PEPPER. Has the Army taken in any of these venereally affected people and given them corrective treatment?

Dr. PARRAN. Yes; beginning last spring, they began to take the uncomplicated cases of gonorrhea, especially those cases acquired somewhere between the local board examination and the Army induction center. More recently they have announced they will take certain types of uncomplicated syphilis as well as gonorrhea as soon as hospital provision has been made. Those hospital provisions are being made and are available and just about ready in many places.

Senator PEPPER. Is it proper to ask you if you have made any recommendations about the rehabilitation of these selectee rejects, as to how they could be rehabilitated?

Dr. PARRAN. Yes.

Senator PEPPER. Would you feel free to tell us what your recommendation has been?

Dr. PARRAN. Yes. Two years ago in September the State health officers recommended to me that a law should be enacted which would make any selectee rejected because of physical defects a beneficiary of the Federal Government entitled to medical care, just as a certain group of the population is now entitled to medical care—merchant seamen, for example, and members of the armed forces. Later on, we participated in recommendations to the administration which resulted in the assignment of this task to the Selective Service System.

Senator PEPPER. As a matter of fact, the Public Health Service has not been given the opportunity or the duty to take care of the selectee rejects, and tried to fit them for military service?

Dr. PARRAN. With the exception of the venereal diseases.

Senator PEPPER. Between what ages were those selectee rejects, generally, Doctor?

Dr. PARRAN. Between 21 and 30, the bulk of them.

Senator PEPPER. So one of the reasons for this necessity of taking the 18- and 19-year-old draftees is due to the shortage of other men in the twenties for example?

Dr. PARRAN. Yes.

Senator PEPPER. A number of whom might have been supplied by these physical rejects had they been properly rehabilitated?

Dr. PARRAN. There are some 300,000 men who will have been rejected on account of venereal diseases. That number is being approached now. That is the total.

Senator PEPPER. And then a certain additional number has been rejected on account of general deficiency?

Dr. PARRAN. Oh, yes.

Senator PEPPER. A quarter of whom, as you said awhile ago, could have been rehabilitated by an adequate program?

Dr. PARRAN. Yes.

Senator PEPPER. The Army had not consulted with you, Doctor, as to how you can rehabilitate these rejects, as to whether you have a program that will achieve that result?

Dr. PARRAN. No; I think it is fair to say the Army has consistently been uninterested in taking the men in and rehabilitating them in the Army. Many of us have thought that that would be a very appropriate way of handling the problem. The conditioning battalions of men, for example, would be under control, while in civil life there is no control over whether or not a selectee wishes to cherish his hernia or to get it fixed, let us say.

Senator PEPPER. I think all of that indicates then that the Army and the Navy, and the Nation, have a very vital interest in a healthy citizenry, does it not?

Dr. PARRAN. There is no doubt about it.

Senator PEPPER. So the expenditure of money for the protection of public health is not an extravagant waste, but it has come to be now a military necessity, has it not?

Dr. PARRAN. It really has.

Senator PEPPER. And when we ignore its importance, we are ignoring a very vital element in our military strength?

Dr. PARRAN. Yes.

Senator PEPPER. Doctor, have you any recommendations to make to us as to how medical authority and money made available to the United States Public Health Service or to any other agency that is appropriate can more adequately meet the problem of the Nation's health and strengthen the Nation's ability to wage war?

Dr. PARRAN. Senator, the most urgent needs can be met, I think, by additional funds for which estimates have been prepared and are now in the Bureau of the Budget.

Senator PEPPER. Does that affect the whole population or just these war areas where there are only 54,000,000 people located?

Dr. PARRAN. It is chiefly for the war areas.

Senator PEPPER. Do the selectees, Doctor, that come on call by the Army come only from that group of communities, or do they come from the whole country?

Dr. PARRAN. By no means. The trouble is now, with the depletion of medical manpower, it would be almost impossible to get the doctors and dentists needed to do the rehabilitation job. Dental defects represent the largest source, and there is just not the dental manpower left in the civil population.

Senator PEPPER. Is there anything being done to augment the number of dentists in training by the Government?

Dr. PARRAN. No; the Government has not taken any position in that.

Senator PEPPER. So we have got the case then, if I am summing it up correctly, of a method of procuring doctors which totally ignores a civilian population and its needs; we have got a palpable case of a great many people who are not able to serve in the armed services because of physical defects, at least one quarter of which are remedial if they had adequate medical attention; with the present shortage of doctors and nurses, except in the instance you mentioned about some of the nurses getting tuition, the Government, itself, nor the armed services have launched any program that has for its objective the training of additional doctors or any appreciable number of nurses, and the hospital program that you have recommended for even the military areas that have only 54,000,000 of the population in them has so far been realized to the extent of 2 hospitals completed and 51 under construction, and it is admitted that there is an increase in tuberculosis in the country, as I understand, due to the war, and there is no effective program under way to meet that menace, and 6,000,000 man-hours a month are being lost by war workers because of bad health conditions, a good bit of which would be preventable by adequate public-health programs, and there is not any essential program at present under way; that is a correct statement of your summary, I believe?

Dr. PARRAN. You paint too gloomy a picture on that, Senator. After all, we cannot help but compare the present situation with the past, because we move—the present of today is the past of tomorrow. Compared with the situation in the last war we are immeasurably better off in reference to public health activities and the health structure in the country. In the last war we took a few dollars from Red Cross to hire occasional nurses. Now, Congress has appropriated \$11,000,000 under title VI for the Public Health Service, \$12,500,000 for the Venereal Disease Act. Our estimates for emergency health and sanitation work, including malaria, will run from \$20,000,000 to \$25,000,000. Congress is appropriating several million dollars for the training of nurses. We are adding hospitals in all of the war production areas and establishing blood banks. I agree much more remains to be done.

Senator PEPPER. So, altogether we are approaching an expenditure of nearly \$50,000,000 on those general objectives?

Dr. PARRAN. Yes; around \$50,000,000.

Senator PEPPER. That is a little over \$4,000,000 a month.

Dr. PARRAN. Add to that the hospitals we hope to get.

Senator PEPPER. For 130,000,000 people.

Dr. PARRAN. So that some progress has been made, and the general health conditions in the country are not bad.

Senator PEPPER. You mean as compared to the past?

Dr. PARRAN. As compared to the past. They are not good enough, I agree. There has been a great tendency on the part of many people,

the press, to forecast an influenza epidemic. I do not think we have evidence to show that we shall or shall not have an epidemic. Certainly, one cannot say that there are any imminent signs, and yet influenza may strike without warning like a storm.

Senator PEPPER. And if influenza struck without warning like a storm in a State like South Carolina which in peacetimes only had one doctor to 4,100 people and now has many less, the consequences would be very serious to the people affected, would they not?

Dr. PARRAN. Yes. We have no specific cure for influenza, but nursing and medical care are important in minimizing the mortality.

Senator PEPPER. Thank you very much, Doctor.

Dr. PARRAN. Thank you, Senator.

Senator PEPPER. Dr. de Kruif.

Before we take you on, Doctor, I have a telegram from San Angelo, Tex., by O. C. Fisher, Congressman-elect, Twenty-first District, and one from Los Angeles, Calif., by H. Clifford Loos, which I am going to submit to the reporter to be incorporated in the record.

(The telegrams referred to are as follows:)

LOS ANGELES, CALIF., October 30, 1942.

SENATOR CLAUDE PEPPER,
Washington, D. C.

Congratulations on your courageous suggestion to the President to change method of withdrawal of civilian doctors to armed forces. There are many medical groups practicing in this country that can more efficiently handle civilian needs. Present system of withdrawal of physicians is disintegrating such medical organizations. For economy and efficiency these medical groups should be forced to continue without undue molestation of medical personnel. It is obvious that 3 doctors practicing together with pooled equipment and properly organized can render an equal service to 6 doctors with 6 sets of equipment operating as 6 separate medical units. The Ross-Loos medical group of Los Angeles of which I am administrator with 110 doctors is handling over 130,000 people. The extermination of this old medical organization would throw a large load of medical cases on the community at large which could not be so efficiently handled. We handle many groups of the rural population in this area as well as urban dwellers and are in a position to realize the importance of this petition. Call upon us if we can aid in anyway. Congratulations.

H. CLIFFORD LOOS, M. D.

SAN ANGELO, TEX., December 3, 1942.

HON. CLAUDE PEPPER,
United States Senator, Chairman Manpower Subcommittee,
Washington, D. C.

Referring to letter received by you from Dr. R. E. Windham, of San Angelo, I am personally acquainted with urgency of local situation involving depletion of medical staffs. For example clinical hospital of San Angelo with 60 beds and 8 full-time doctors normally on staff does third of medical and hospitalization service here. Three of these doctors already called into service, two have orders to report, and one other expecting call. This depletion will necessitate closing of hospital and clinic and will seriously imperil local civilian requirements. This is but example of drain on supply of local physicians. Replacements on staffs would be impossible. Local situation developing into really critical one. Please determine if quota of calls for doctors from San Angelo is not already sufficient. Would appreciate your endeavor to have outstanding orders here held up to avert serious and acute local problem.

O. C. FISHER,
Congressman-elect, Twenty-first Texas District.

STATEMENT OF DR. PAUL DE KRUIF

Senator PEPPER. Are you Dr. Paul de Kruif or Mr. Paul de Kruif?

Dr. DE KRUIF. That depends, Senator, on the definition of "doctor."

Senator PEPPER. Why do you say that?

Dr. DE KRUIF. I received my Ph. D. degree in bacteriology at the University of Michigan in 1916, and I am called "doctor" by my associates in public health and scientific work, but recently I have been demoted from my doctor's degree, and in circles high in the medical profession I am now called "mister."

Senator PEPPER. Who was it that was responsible for your demotion, Doctor?

Dr. DE KRUIF. The Journal of the American Medical Association.

Senator PEPPER. Who is the doctor that publishes that journal?

Dr. DE KRUIF. The author is the American Medical Association itself.

Senator PEPPER. Who is responsible for the publication?

Dr. DE KRUIF. The editor is Dr. Morris Fishbein.

Senator PEPPER. Doctor, you said you were a bacteriologist by training?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. Will you give us a little bit of your own background and experience?

Dr. DE KRUIF. Briefly, I taught bacteriology and did bacteriological research in the University of Michigan from 1912 to 1920, with 18 months out during my service during the war as a captain in the Sanitary Corps of the United States Army. From 1920 to 1922 I was bacteriologist at the Rockefeller Institute for Medical Research. I then left the Rockefeller Institute for Medical Research and began to devote my time to medical reporting for lay periodicals. In addition to that I have kept in touch constantly with medical scientific work. I have participated in it at the Kettering Institute of Medical Research at Dayton, Ohio, as consultant in their work in research on the treatment of syphilis, and I am now serving as assistant to the president of the Board of Health of Chicago in charge of venereal disease control activities, and I am also serving as consultant to the Michigan State Health Department laboratories.

Senator PEPPER. Doctor, you have been the author of certain publications?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. What are those?

Dr. DE KRUIF. Certain books, among them: Microbe Hunters, Men Against Death, The Fight for Life, and I am also a roving editor and medical reporter for the Readers Digest.

Senator PEPPER. Doctor, from your wide experience in observing public health in this country, what would you say about the adequacy of the medical facilities, hospitals and doctors that are now available to the people of this country?

Dr. DE KRUIF. I think they are inadequate.

Senator PEPPER. What causes you to say that?

Dr. DE KRUIF. I say that from my experience in investigating the situation in regard to medical care, in regard to public-health activi-

ties, in regard to scientific research in respect to a certain group of disease conditions.

Senator PEPPER. Well, now, what is the effect upon the population of that inadequacy? A larger number of people die, a larger number of people are disabled by illness than would otherwise die and be disabled?

Dr. DE KRUIF. Yes, sir. I think many, many thousands of lives could be saved, and the level of strength and health of millions of people could be lifted if we had adequate public health and medical care facilities.

Senator PEPPER. Would you be willing to say that the 30 percent of the number of selectees who were called and rejected because of physical defects might have been diminished had they had as children and citizens prior to their induction adequate medical care and attention?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. Would you say that the men who have been called into the armed services would have been better qualified physically as a whole had they had before they came into the service adequate medical care and attention?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. Would you say that the working efficiency of the Nation's civilian population would be increased immeasurably by adequate medical care and attention?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. Well, now, Doctor, have you had any experience, or knowledge of, the method employed by the armed services now in the selection of their medical personnel? Do you know how it is done?

Dr. DE KRUIF. I have heard Dr. Parran testify as to how it is done, and I have also read the testimony before this committee as to how it is done.

Senator PEPPER. Well, now, did you understand that preliminary to the actual functioning of the Procurement and Assignment Service that the American Medical Association made a survey of the doctors available in the country?

Dr. DE KRUIF. I do not know if they did or not.

Senator PEPPER. Well, suppose it were a fact that the American Medical Association made the original survey of the doctors who are available in the country, and then the recommendations as to those who are essential in the areas where they are located and those not essential; would you consider it appropriate that a private agency of that sort should make that kind of determination?

Dr. DE KRUIF. I would not.

Senator PEPPER. Why would you say that, Doctor?

Dr. DE KRUIF. You understand, Senator Pepper, that I do not set myself up as an authority in this matter. I have not investigated it in a comprehensive way. As Will Rogers has said, all I know is what I read in the papers. On the other hand, I have had personal experience in a couple of situations in widely separated parts of the country which would indicate that such a procedure is not an effective one in the determination of what doctor should go and what doctor should stay.

Senator PEPPER. Would you be willing to give us the details of those cases?

Dr. DE KRUIF. I would be glad to. The first one that comes to mind is the situation that arose in the State of Michigan and in the city of Detroit in the State of Michigan. Since 1936 I have been in close touch with the tuberculosis program. The city of Detroit is world famous for the progress it has made in the control of tuberculosis. The work there is built around a magnificent tuberculosis hospital known as the Herman Kieffer Hospital, and when the raid on the medical manpower of the country began the staff of physicians at the Herman Kieffer Hospital was cut from 16 to 2. It has to serve about 900 tubercular persons, and several with other communicable diseases. It was only because of the existence in Detroit of some very determined men that the number of physicians was brought back to something near adequacy in the care of the sick in the Herman Kieffer Hospital.

Senator PEPPER. So in spite of the generally admitted medical impression that tuberculosis is on the increase in such areas, that it is incident to war work, here was the one effective tuberculosis hospital which had its staff diminished from 16 to 2 by this agency?

Dr. DE KRUIF. I would not say the one, I would say one of the most effective in the world.

Senator PEPPER. One of the most effective in the world?

Dr. DE KRUIF. Yes.

Senator PEPPER. And it was only by the intervention of local people who understood the situation that that condition was stopped?

Dr. DE KRUIF. By very tough and courageous men, certainly.

Mr. WEBER. Would not it be fair to say, if the remaining 2 percent were taken, it would have been closed?

Dr. DE KRUIF. I could see no other answer, Mr. Weber.

Mr. WEBER. They more or less reached what is called in Washington the bottom of the barrel.

Dr. DE KRUIF. Their backs were to the wall.

Senator PEPPER. Now, you said there was another case?

Dr. DE KRUIF. Also in my State of Michigan, at the beginning of the raid on the medical manpower, the sanatoria outside of Detroit, the county sanatoria, State sanatoria were threatened with a serious depletion of their medical and technical personnel. Now, this was stopped through the intervention of a certain group of men who voluntarily went to the State committee on procurement and assignment and demanded and got the freeing of those men. That is in Michigan, mind you. What has happened in regard to the personnel of other institutions in the rest of the country, I do not know. I know that those institutions were seriously threatened with a depletion of their personnel.

Senator PEPPER. Now, how do you account for that, Doctor, in view of the medical knowledge that is supposed to have been possessed by these men who were making these recommendations and selections?

Dr. DE KRUIF. I can only account for it on the ground of their not being informed as to the importance of maintaining these institutions in full function in this emergency.

Senator PEPPER. Are there other cases that have come to your attention?

Dr. DE KRUIF. Yes. A rather flagrant one. It so happens that I am quite well acquainted with the work of one of the leaders in the field

of nutrition. This man is Dr. Tom Douglas Spies. He is the director of the Hillman Nutrition Clinic at the Hillman Hospital in Birmingham, Ala. This nutrition clinic is not only nationally but world famous. It is the largest nutrition clinic in the United States, I think, and its work since its founding in 1936 has been outstanding both in revealing the state of malnutrition existing in the southern part of our country and also in recommending means to cope with this widespread malnutrition.

For example, I am told that whereas some 3 out of 10 men Nationwide are rejected by the draft because of their physical disabilities, in certain States, Southern States and Southeastern States in particular, that figure is, I believe, something like 7 out of 10. It is very high. A part of this disability is to be ascribed to malnutrition. This clinic, the Hillman Hospital Clinic, was unique in its service to the South in regard to the nutritional status of its population. Dr. Spies was loath to join the armed forces. He is a bachelor, he is 38 years old, and consequently, if you were not selecting men on the basis of their particular function, but simply on the basis of their age, he would go into the Army, but he felt he was rendering the greatest possible service to his country by staying and directing the work of the Hillman Clinic. An effort was made by a person very high in authority in the American Medical Association to put the finger on Dr. Spies and get him into the Army. This was only prevented by the intervention of outside individuals, who insisted to Dr. Spies' local draft board that he should be declared essential.

Senator PEPPER. In other words, it was not a case of David sending Uriah to the front because he had a wife, because this man was a bachelor, but you mean to use your phrase that they did put the finger on him?

Dr. DE KRUIF. They did put the finger on him. I think that fellow who was named Uriah, was not he the Hittite?

Senator PEPPER. Yes.

Dr. DE KRUIF. David wanted him shot, so he sent him away to the front lines because he wanted his Jane. Your analogy is strongly apropos.

Senator PEPPER. You say there was an intervention in that case, with emphasis upon the importance of the work this man was doing and they were induced to desist from taking him into the armed services.

Dr. DE KRUIF. Yes, sir. I think, Senator Pepper, that this case is so flagrant that it might well serve as a test case, as a kind of a Dreyfus case, you know, to show the people of the country what kind of funny business goes on in regard to the procurement or assignment that has gone on.

Senator PEPPER. So if that kind of thing occurs under the present system, you would not think the present system of procurement and assignment of doctors was a desirable system?

Dr. DE KRUIF. I would say more, sir; I think you are making an understatement, I think it is odiferous.

Senator PEPPER. Doctor, so far as you know, has there been any regard, in the action and functioning of the Procurement and Assignment Service, for the needs of the civilian population?

Dr. DE KRUIF. Not that I know of, sir.

Senator PEPPER. I think the statement was made that if the Army and Navy were to take the number of doctors they need, there would still be enough doctors left to serve adequately the population. Do you concur in that statement?

Dr. DE KRUIF. I do not think there ever were enough doctors to serve adequately the needs of the population. Maybe on Park Avenue, yes; but not in general in the country, not enough doctors nor good enough doctors. I am speaking of the ideal, and that is what we should set up as our base of reference.

Senator PEPPER. There were not enough doctors in peacetime, and you mean to say then that there could not be enough doctors even if less of them were taken away for the purpose of war?

Dr. DE KRUIF. That seems to me to be a simple arithmetical conclusion.

Senator PEPPER. You said, I believe, there were maybe enough doctors on Park Avenue, because their medical services could be procured by people who had the money to buy it.

Dr. DE KRUIF. By those who could pay for it, yes, which I think is an infamous situation.

Senator PEPPER. In other words, a nation engaged in total war needs to use its manpower to the best advantage in every aspect of its national life, and that if the population is to be adequately served by its doctors, the population has got to have access to the doctors on the basis of need and not on the basis of the amount of money they have?

Dr. DE KRUIF. I think even more than that. The men in the armed forces are the cream of the country in regard to their health and unless they are shot or wounded they need less medical attention by far than the rest of the people of the country and consequently it seems to me to be a strange situation that the medical care should be weighted so heavily in favor of the healthiest people of the country. Always assuming, of course, that we are not going to have a battle in which a million will be wounded, or they maybe will say they will need these men in the event of a Stalingrad in this country.

Senator PEPPER. Doctor, how many members are there of the American Medical Association, do you know?

Dr. DE KRUIF. I would not know.

Senator PEPPER. What percentage of all the qualified medical doctors in the country belong to the American Medical Association?

Dr. DE KRUIF. I also cannot answer that. A very high percentage, however.

Senator PEPPER. Is there any advantage to be gained by the doctor from being a member of the American Medical Association?

Dr. DE KRUIF. Oh, yes.

Senator PEPPER. Do you happen to know from your knowledge of the profession and of the subject what additional training programs for doctors the American Medical Association has recommended for the emergency?

Dr. DE KRUIF. I do not know, sir.

Senator PEPPER. The period of medical training, so far as you know, has not been diminished during the emergency, has it?

Dr. DE KRUIF. No.

Senator PEPPER. In your opinion, would it be possible, in the public interest, to diminish the number of years presently required for the completion of a medical course?

Dr. DE KRUIF. I am not an M. D., and maybe I am not competent to state it, but I do think that there could be a speed-up; yes.

Senator PEPPER. There has been a speed-up of 33 1/3 percent in the time of training required for nurses, I believe.

Dr. DE KRUIF. Yes.

Senator PEPPER. From 3 years down to 2 years.

Dr. DE KRUIF. Yes.

Senator PEPPER. And someone expressed the idea it might be compressed into 1 year of training.

Dr. DE KRUIF. I believe so.

Senator PEPPER. Let me ask you this, Doctor: In your opinion, is the country likely to get all the men that could be trained with the country's facilities so long as they have to be financially able, as they now must be, to sustain themselves or be maintained by their families over a period of 7 years, say, and by the expenses of tuition and books and the other school expenses in addition to that, as well as it would if a man were to be able to take medical training merely by having the facilities available and the aptitude to take the training?

Dr. DE KRUIF. No; no. I think the present method of selection, according to the economic level of the parents, is an infamous one and also deprives us of a great deal of talent, potential talent that exists in the boys and girls of the lower economic levels.

Senator PEPPER. Roughly speaking, I wonder how much it would cost to complete the medical education of the ordinary man?

Dr. DE KRUIF. You will have to get some figure on that from somebody else, Senator Pepper. I do not know how much that costs. It is a lot of money, though. It is many thousands of dollars.

Senator PEPPER. Well, it would average \$1,000 a year, probably.

Dr. DE KRUIF. That is including the maintenance of the man?

Senator PEPPER. Yes.

Dr. DE KRUIF. More than that, sir, I think.

Senator PEPPER. If it were only \$1,000 a year and it took 7 years, that would be \$7,000.

Dr. DE KRUIF. Yes.

Senator PEPPER. There is only 1 percent of the population of the United States which makes an income of \$10,000 a year or over, I believe.

Dr. DE KRUIF. Yes.

Senator PEPPER. So that a relatively small number of people have access to the medical schools of this country.

Dr. DE KRUIF. Yes.

Senator PEPPER. Because a relatively small number of people are able to afford the training that the professional person requires.

Dr. DE KRUIF. There are some efforts at present being made to meet the situation. I know of one. There may be other ones. One is being made by the W. K. Kellogg Foundation at Battle Creek, Mich., at present.

Senator PEPPER. Is that a public foundation?

Dr. DE KRUIF. No; a privately endowed foundation. There is being set aside a considerable sum of money for scholarships or fellowships

for boys that need the medical education. Whether, however, that will meet the needs of the situation I doubt. I am not sure, but I do not think so.

Senator PEPPER. You do not know of any plan the American Medical Association is formulating to make medical training accessible to a larger number of boys and girls?

Dr. DE KRUIF. Not that I know of. So that I would not be accused of prejudice, I must say that such may exist. I do not know of it.

Senator PEPPER. Well, you do not regard 1 doctor to 1,500 people on an average as being enough doctors for the people, do you?

Dr. DE KRUIF. Not that they are being well taken care of, no—as well as they could be.

Senator PEPPER. You are sure you would not regard 1 doctor for 4,100 people in South Carolina as enough?

Dr. DE KRUIF. I think that is a horrible situation.

Senator PEPPER. And if the South Carolina doctors have been further depleted in number by giving 170 percent of their quota as weighted by the American Medical Association, their plight is a very great one, isn't it?

Dr. DE KRUIF. I would feel so, sir.

Senator PEPPER. Well, Doctor, to get back to the Procurement and Assignment Service, you do not regard then that agency, as presently constituted, as qualified either by disposition or general knowledge to speak for the civilian needs of the country, or to pass on the question of the allocation of medical manpower between the armed services and the civilian population?

Dr. DE KRUIF. I do not think they are qualified, sir.

Senator PEPPER. Have you any suggestion as to how the matter ought to be handled?

Dr. DE KRUIF. Yes.

Senator PEPPER. We would be very glad to have it.

Dr. DE KRUIF. I think that first there should be appointed a fact-finding commission with power to investigate the result of the present depletion in those areas which have been depleted. This commission should be composed of a mixed commission, maybe of a layman and two doctors who would be above suspicion of belonging to the group which consistently apologizes for the present adequacy of medical care.

Dr. WEBER. What are you referring to? The American Medical Association?

Dr. DE KRUIF. Yes, sir. That does not mean that these physicians should not belong to the American Medical Association.

Dr. WEBER. But you would be willing to see the top officials of that organization to be appointed on that fact-finding body?

Dr. DE KRUIF. I do not think you would get much else but a white-wash if that happened.

Dr. WEBER. You said that they had offered no national health program to date in the war.

Dr. DE KRUIF. Not so far as I know. Not a general national health program implemented by the Federal Government.

Dr. WEBER. Well, health is a war question, do you feel?

Dr. DE KRUIF. Your question is an understatement. What good are tanks, airplanes, and battleships if you do not have the top men to man them?

Dr. WEBER. If it is a war question, that means it is a national question, doesn't it?

Dr. DE KRUIF. I do not think Michigan is fighting the Nazis and Japs alone.

Dr. WEBER. It is a primary concern of the National Government?

Dr. DE KRUIF. Certainly.

Dr. WEBER. Yet we have no national war-health program at the present time?

Dr. DE KRUIF. Not that I know of.

Dr. WEBER. We have nothing but scattered individual effort by States, localities, communities, and a separate group of doctors.

Dr. DE KRUIF. Yes.

Dr. WEBER. Without the leading professional organization of doctors for the defense of Americans at all.

Dr. DE KRUIF. So far as I know, that is true. May I give you a case in point of what might be done right now, one specific instance, instead of indulging in these generalities?

Dr. WEBER. Yes.

Dr. DE KRUIF. For example, at the present time many tuberculous men have been found by the screening of the selectees. They gave X-ray examinations, a chest film, and they find a large number of tuberculous boys. These are rejected, of course. Now, the finding of those boys gives us an unprecedented powerful weapon to trace tuberculosis to its source. These boys, everyone is found, his name is known, his place of residence is known, and his family is known. He has gotten his tuberculosis from somebody in his region, and when he is going back he is going to give tuberculosis to other people. So that now, if there were in a national-health program a TB controller, let us say, a Federal man, with the facilities now at hand, he could institute what is known as an epidemiological campaign, and an active treatment campaign that would enormously accelerate the decline of tuberculosis and aid in its being wiped out.

Dr. WEBER. Where we find a man with a venereal disease and he is rejected they attempt to follow him up, or they do follow him up?

Dr. DE KRUIF. Yes; there are some very good efforts in that direction.

Dr. WEBER. And in the case of TB also?

Dr. DE KRUIF. No. The venereal program is very much stronger than the tuberculosis program.

Dr. WEBER. Is tuberculosis increasing.

Dr. DE KRUIF. In certain States.

Dr. WEBER. Would you mind naming them? Do you know any of them specifically?

Dr. DE KRUIF. No; I will not name them now, but if you will communicate with the National Tuberculosis Association in New York you can get a record of the cities where it is increasing, where the figures are higher in 1941—and 1940—than they have been in the past. Baltimore has been one such city, I call to mind just now. There are other ones.

Dr. WEBER. How about the State of Michigan?

Dr. DE KRUIF. The situation in Michigan at the present time is as follows: Detroit, because of its institution of a powerful tuberculosis program, in spite of the fact that it is the industrial high spot of the country so far as the strain upon the workers increasing tuberculosis,

is actually continuing its downward trend in tuberculosis. The State as a whole is maintaining its mortality on a level. The city of Detroit is still going down, thanks to the program that was begun in 1929, intensified in 1936, and still in full progress, thanks to a few determined men.

For example, you asked how I would suggest that this thing be corrected. As a specific instance, if you would call before your committee Dr. Bruce H. Douglas, the health commissioner of Detroit, and Dr. E. J. O'Brien, member of the Michigan Sanatorium Commission, which has been the sparkplug, the leader, in the Detroit tuberculosis campaign, they would make recommendations to you that would thrill you, Senator Pepper, as to what could be done now.

Senator PEPPER. Doctor, have your experiences led you to believe that we have been making an economical use of the Nation's manpower?

Dr. DE KRUIF. You mean in general?

Senator PEPPER. Yes.

Dr. DE KRUIF. I am not competent to judge on that, sir. I could not pass on that.

Senator PEPPER. What I mean is this: We are now talking about a shortage of manpower. The fields cannot be harvested, the various factories are having their output severely diminished because they haven't the employees. We had to resort to the drafting of 18- and 19-year-old boys in order to get enough men. In spite of those stringencies for manpower we have been neglecting public health, which has a direct relationship to the effective manpower of the country. Is not that a fair conclusion?

Dr. DE KRUIF. Definitely so; sir.

Senator PEPPER. So that a nation that did not try to rehabilitate the selectees whom it had rejected would not seem to be very much concerned about the economic use of its manpower, would it?

Dr. DE KRUIF. I think that conclusion follows.

Senator PEPPER. Would not you think that before a nation resorted to the draft of mothers to leave their homes and children and to work in factories that it would first try to see how many people there were, men and otherwise, that were capable of working except for physical defects and that could have the physical defects remedied so they would be effective workers?

Dr. DE KRUIF. That would seem to me to be the first move to be made.

Senator PEPPER. Would not it be natural to assume, before compulsion was resorted to to get people into the armed services and factories and fields, that we see how many people could be made fit to volunteer for those various services?

Dr. DE KRUIF. Yes, sir.

Senator PEPPER. Then, isn't it essential, in dealing with the war manpower problem, that we deal with the Nation's health, in your opinion?

Dr. DE KRUIF. It would be fundamental to deal with the Nation's health, to do that.

Senator PEPPER. So that any manpower program that leaves out of consideration the fullest use of the Nation's facilities for protecting

the public health is not a properly balanced or sufficiently comprehensive program?

Dr. DE KRUIF. I feel that to be true.

Senator PEPPER. This thing about the Nation's health is not just a frill or furbelow, as I understand you then, but an essential and vital matter in relation to the Nation's strength?

Dr. DE KRUIF. I always put first not only essential and vital matter but the essential and vital matter in relation to the Nation's strength. May I add one thing, sir?

Senator PEPPER. Yes.

Dr. DE KRUIF. Your point of view will be rebutted by those who say that the health of China, India, Poland, and Russia is so much worse than ours, that ours is wonderful. Will you please remember that, Senator Pepper?

Senator PEPPER. I assume that you intimate that what we should think of is what our conditions are in respect to what they might be with adequate medical care.

Dr. DE KRUIF. Always. I feel, sir, since we are arrogating to ourselves leadership in the world and among the Allied Nations, that the first thing we should do would be to put our house in order in regard to health.

Senator PEPPER. Have you any figures or any information that would entitle you to make a comparison between what we have done in the way of providing public-health facilities to our people and what the Germans have done in that respect?

Dr. DE KRUIF. No; I cannot, sir. Since the closing of the frontier, you know, since the war, I think very little is known about that. Previous to the war, I think we got figures, but it was generally said among friends of mine that the Nazis took a great deal of care of the health of their soldiers and of their industrial workers, too; but I am not an authority on that and I have no figures.

Senator PEPPER. Did you have an opportunity to make any study of the Russian system before the war?

Dr. DE KRUIF. No.

Senator PEPPER. To know whether or not it was possible for the citizenry of Russia to get access to hospitals and to medical attention?

Dr. DE KRUIF. I have read books about it, and one book in particular, by Dr. John Kingsbury and Sir Arthur Newsholm, that related that such facilities are placed at the disposal of all the citizens. However, how good those facilities are and how adequate the Russian medical manpower and nursing manpower and scientific manpower are, I do not know.

Senator PEPPER. It is not maybe an outlandish assumption to make that a good deal of the fertility and strength that have been exhibited in the resistance of the Russians to the Germans is attributed to, among other things, those facilities and those conditions.

Dr. DE KRUIF. I do not know. The Russians are hereditarily a healthy lot. The Russian women do not seem to have much trouble in bearing children, because of the rapidity of parturition. They bear their children very quickly. The childbirth takes less time than it does in many other western countries, and consequently you cannot say that it was the medical care that did it, because they are such tough, good people, you see.

Senator PEPPER. It is not maybe too much to assume that it might be contributed to the medical care and attention that they have received that has made them a stronger people than they otherwise would be?

Dr. DE KRUIF. I would not go on the witness stand and say to you, sir, that that was the case.

Senator PEPPER. I can summarize one of the suggestions you made, can I not, by saying that you believe that experience has proven that the American Medical Association, whatever their virtues, cannot be depended upon by the United States to provide an adequate, complete, and comprehensive public-health program?

Dr. DE KRUIF. Not alone. They should participate in it, but they cannot be depended upon to lead it and to organize it.

Senator PEPPER. Such leadership and such responsibility must come primarily from the Government and the people of the United States?

Dr. DE KRUIF. Definitely.

Senator PEPPER. Doctor, thank you very much. I want to announce that the hearing will be tomorrow at 10 o'clock in the caucus room when six major officials of the C. I. O. unions will be present to testify on this question of manpower.

Doctor, thank you very much.

Dr. DE KRUIF. Thank you, Senator Pepper.

Senator PEPPER. We are considering you an esteemed doctor.

Dr. DE KRUIF. May I say one thing, Senator?

Senator PEPPER. Yes.

Dr. DE KRUIF. You can always be sure it is all right to call a man a doctor who is a medicine doctor, a dentist doctor, a horse doctor, a chiropractor, but not a man with a Ph. D. in bacteriology.

Senator PEPPER. Thank you Doctor. The hearing will be recessed until tomorrow morning at 10 o'clock in the caucus room.

(Whereupon, at the hour of 12:40 p. m., a recess was taken until 10 a. m. of the following day, Wednesday, November 4, 1942, in the caucus room, Senate Office Building.)

INVESTIGATION OF MANPOWER RESOURCES

WEDNESDAY, NOVEMBER 4, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10 a. m., in Room 318, Senate Office Building, Senator Claude Pepper (chairman) presiding.

Present: Senator Pepper.

Also present: Dr. Robert K. Lamb and Dr. F. P. Weber, special assistants to the committee.

Senator PEPPER. The committee will come to order.

Mr. Bittner, please.

STATEMENT OF VAN A. BITTNER, ASSISTANT TO THE PRESIDENT, UNITED STEELWORKERS OF AMERICA, CONGRESS OF INDUS- TRIAL ORGANIZATIONS

Senator PEPPER. Will you please give your name, your position, your address, and then make such statement as you will be good enough to make on the subject of manpower, or anything properly related thereto, Mr. Bittner?

Mr. BITTNER. Van A. Bittner, assistant to the president of the United Steelworkers of America, 56 Lincoln Avenue, Crafton, Pa.

Mr. Chairman and gentlemen of the committee, last Friday, Philip Murray, president of the Congress of Industrial Organizations, presented to this committee an analysis of the manpower situation before this country today. He pointed out the real causes of any manpower difficulties that some of our industries and areas are facing and he pointed out how senseless it is to think that we can solve any of our problem by simply passing a law to draft labor.

The simple fact is that in our manpower problem we are really being affected by a lot of interrelated problems—problems of supplying housing in war centers, problems of supplying adequate training facilities in the areas where the skills are needed and geared to turn out the skilled workers at a time when they are needed—problems of allocating contracts to factories that have the available labor supply or that can be converted to turn out the necessary production instead of concentrating our contracts in the hands of large monopolies or concentrating our contracts in areas where there is already a labor shortage. We have the problem of organizing and gearing our industrial and manpower resources into a single Nation-wide war-production machine.

These are problems of planning, problems of organization. You do

not eliminate planlessness by a labor draft or by passing a law. You eliminate planlessness by centralizing responsibility in a single directing and operating agency, an agency responsible for unified policy and uniform planning.

Mr. Murray spoke as president of the C. I. O., an organization of more than 5,000,000 members in the most important war-production industries in the country. Mr. Murray's comments were based on the experience of all of the important affiliates of the C. I. O. Today it is my understanding that this committee will hear from leaders of the unions directly engaged in the day-to-day work of producing the materials for our war effort.

I appear here today as the assistant to the president of the United Steel Workers of America. This organization is the representative of and has contracts covering more than 600,000 workers constituting little short of 100 percent of the steel industry of the country. The steel industry is an excellent example of the need for planning and the complete uselessness and dangerousness of any notion of a labor draft. The steel industry is not in a position to claim any shortage of workers. The steel workers of this Nation are willing and anxious to make their contribution to turn out products in the metal which is a fundamental need of our war machine, on the basis of which the steel industry is operated and planned today, the average hours per week of work given to our members according to the latest data of the American Iron and Steel Institute is only 37.

In fact, in the steel industry, an industry so basic to our war effort, we have the very strange situation that men are actually unemployed or are working only 2 or 3 days a week in many instances. This has been due to a number of factors. In some areas mills engaged in such work as the production of thin sheets or certain types of wire have been shut down and skilled steel workers put out of work for weeks at a time because adequate provision had not been made in advance for the immediate utilization of those facilities and those men in the turning out of products needed for the war. In other instances the unemployment and the underemployment of steel workers has been caused by the fact that there is not enough raw steel to keep the finished products and factories operating at capacity.

The simple fact is that we have 25 percent more finishing capacity in the country than raw material production, and faced with this situation we have mills operating part time and men employed part time. It was in March of this year that our union first pointed to the need for planning in our industry and in the entire war-production effort. We pointed then to the danger of a lack of scrap metal for the production of raw steel, and we pointed then to the need for an immediate program of scrap collection. We were able to foresee the difficulty then because our members working in the steel mills are alive to the need for fully planned production and are alive to the necessity for using our entire economic machinery for winning this war. We were able to foresee the difficulties because our concern, like that of any other C. I. O. union in this war, is not a concern with profits and personal interests, but a concern for maximum war production.

On the basis of our experience, therefore, the members of the United Steel Workers of America join the plea of President Murray that our

manpower difficulties be recognized as difficulties of over-all production planning and organization. We urge that for purposes of that unified production planning a central agency is required to integrate our entire economic structure, our procurement agencies, our war production machinery, our manpower agencies, into a single machine for winning this war.

We flatly oppose all of the various proposals for labor draft legislation—proposals which can serve only to camouflage our failure to develop a really coordinated and planned production schedule. We urge that labor be brought into full participation in the planning and leadership of our war-production organization so that every factory, every mill, and every mine in this land, every man and woman can be permitted to play his necessary role in the final victory.

This outlook is one that is shared by all of our C. I. O. unions in all of the important industries in which they operate. You will, as I have said, hear from those unions today.

Senator PEPPER. Mr. Bittner, that is a very fine statement. You stated that in a good many instances work was not provided in the steel industry for the workers?

Mr. BITTNER. Yes, sir.

Senator PEPPER. And that the average number of hours allowed the workers in the steel industry was about 37 hours a week.

Mr. BITTNER. Thirty-seven hours, according to the word of the Iron and Steel Institute, which is authoritative.

Senator PEPPER. So, you would say they should not begin to draft people compulsorily into working, for example, in the steel industry until the full opportunity to work the full week has been provided for those volunteers to work in that industry?

Mr. BITTNER. That is true. I just may say, Senator, that many of the large managers of steel companies tell me that their great problem, the one thing that keeps them awake at night thinking of it, is furnishing work to the men who work in the steel mills.

Senator PEPPER. How much has the steel industry expanded in terms of employees since the war began, Mr. Bittner?

Mr. BITTNER. Well, the steel industry has not expanded so much in the number of employees as it has in the number of hours worked, because work was terrible in the steel industry before the emergency. I would say that probably there has been an increase of about 100,000 new people who have been brought into the steel industry, more or less. I would not say for certain.

Senator PEPPER. There was a great deal of unemployment in that industry before the war?

Mr. BITTNER. Oh, a tremendous amount.

Senator PEPPER. So, what you have done was to take up essentially the slack in unemployment in the industry and added on substantially 1,000 additional workers?

Mr. BITTNER. Something like that; yes, sir.

Senator PEPPER. How have those workers been recruited? By the Government, for example, through the United States Employment Service, or by industry, or by the unions, or how?

Mr. BITTNER. I would say a great majority of them have been recruited by industry.

Senator PEPPER. That is by the management?

Mr. BITTNER. By the management.

Senator PEPPER. The management taking in additional employees?
Mr. BITTNER. Yes, sir.

Senator PEPPER. Now, has there been any apprenticeship training in the steel industry, or any training courses provided for those workers who have come newly into the industry?

Mr. BITTNER. Yes; there has been quite an intensive training course, in most of the larger steel mills at least.

Senator PEPPER. That has been provided by the management in the various steel mills?

Mr. BITTNER. The management, and in many instances with the cooperation of the union and with governmental agencies.

Senator PEPPER. Are you prepared to state then that it is possible, by the volunteer method and by adequate training opportunities, and by proper planning, to bring into the steel industry a sufficient number of employees to make full use of the steel facilities that the country has?

Mr. BITTNER. I think there is no question about that, Senator. Further, I would say that if the people now in the steel mills were afforded the work they can do and are willing to do, that I doubt whether it would be necessary to recruit many new people in the steel industry of this country.

Senator PEPPER. Well, now, Mr. Bittner, what is responsible for the average low employment, relatively, of the workers in the steel industry?

Mr. BITTNER. Here is one of the great troubles that we find: The War Production Board and the procurement agencies of the Government, for example, have an order for a certain steel product, and they spread that out in such shape that management itself does not know today what they are going to manufacture in many instances tomorrow. Because of that fact it is an impossibility to get the machines properly geared and get the proper raw products into the steel mills in order to manufacture the things that the Government desires. That is one thing.

Secondly, there are many of the smaller steel plants in this country, which to us are just as necessary in this war effort as the larger steel plants, that are not getting orders. Many of them are getting no orders at all, and others are just getting a small amount of orders. Many of these orders are going into steel mills where they are already piled up with orders. A general expansion is going on in some steel plants that will not be finished at least for 6 months from today, and maybe longer than that.

As we say, Senator, it is a lack of coordination of the planning and organization of industry in the country, so far as the steel industry is concerned. There are too many people that have a finger in the pie and not enough that are picking up the pie and really eating it and getting their teeth into it as they should.

Senator PEPPER. I wonder if you can give us any information as to how the system works in the steel industry, Mr. Bittner. For example, does the War Production Board take all the orders or applications for the use of steel and parcel it out among the steel facilities of the country and direct those facilities as to where and when they shall deliver those orders, or does the War Production

Board simply issue an authorization for applicants to apply to the steel industry for deliveries of steel?

Mr. BITTNER. They do both. That is where the trouble comes in. They do both. Here is the situation—and I am not saying this generally in the spirit of criticism, I only want to be constructive: You will find among the steel men generally in the War Production Board who are handling that phase of the economic life of our country, men that were failures in the steel industry, as far as management is concerned. That is a situation we run into very often. I do not say that is true of all of them,—certainly not.

Senator PEPPER. Generally speaking, are the men who have been brought out of the industry into Government in respect to steel, men who have been operators, producers, organizers in the steel industry?

Mr. BITTNER. That is true.

Senator PEPPER. Or have they not been in that category?

Mr. BITTNER. Some of them have been operating men, many others have been salesmen, and the salesman in the steel industry knows no more about producing steel than the salesman in some other industry knows about producing steel, generally speaking.

Senator PEPPER. Well, now, have you had any opportunity to observe whether the steel industry itself has exercised any discretion in the filling of orders so that, for example, an old customer of a steel company might receive some natural sympathy and consideration if an order came in for him, whereas, for example, a similar attitude would not be reflected toward a new customer that files an order with this steel company?

Mr. BITTNER. That is true. That is just one of the things. I do not say that it is going on to the same extent today that it was 3 months ago or 6 months ago, but that is one of the troubles that we found. In other words, there does not seem to be that complete understanding that we have got to have in an over-all mobilization to win the war. It is the thought in the minds of men that they do not want to lose the business of the future in taking care of the business of the war.

Senator PEPPER. In other words, they are thinking not about post-war planning but post-war preservation, while we are supposed to be thinking primarily about winning the war.

Mr. BITTNER. That is true. Instead of post-war planning, they are thinking about post-war business.

Senator PEPPER. Mr. Bittner, have you heard of the rumor or report that once a month the principal executives, the management of steel, have a meeting in some protected and secluded club somewhere in the country where they sit down together and practically, outside of the Government, decide what the policies of the steel industry ought to be?

Mr. BITTNER. Well, I have heard that rumor, Senator. I have not been able to get anything definite, but it seems to be there is some foundation to such a rumor, although, as I have said, I have no definite information on it.

Senator PEPPER. So that really the decisions that would be substantially controlling in the steel industry in such case would be made outside the Government, and where private interests were largely the ones considered?

Mr. BITTNER. That is true, with the further understanding that, at least it seems to us, in the steel industry in many instances instead of bringing Government and the needs of Government into the steel industry, what they had been doing is bringing the steel industry needs into Government.

Senator PEPPER. In other words, you have not observed the same subordination of private industry to the public good which is expected of the soldier and the citizen which makes itself amenable to the policies of its Government in time of war?

Mr. BITTNER. We do not see that. Of course, we think, Senator, that one of the reasons for that is the failure of our Government itself to properly coordinate its efforts.

Senator PEPPER. Well, after all, except in the case of willful insubordination or resistance, it is largely the fault of the Government if all elements of the citizenry are not brought into a proper subordination to the public good?

Mr. BITTNER. I think so, and I also think this, that in order to get the full cooperation of all the groups of our citizens in the steel industry, or in any other industry, any other walk of life in our life, that when we give responsibility to these groups to carry on the work they will accept the responsibility and be glad to do their part.

Senator PEPPER. And you ascribe the principal fault to a lack of comprehensiveness and completeness in Government planning?

Mr. BITTNER. That is right.

Senator PEPPER. And that in turn would relate to the inadequacy of the organization set-up?

Mr. BITTNER. That is right.

Senator PEPPER. That the Government has at the present time to do such planning?

Mr. BITTNER. That is right. We are not selfish, Senator, when we say this to you and through you to our Government. Labor believes that they can play a very, very important part in coordinating these efforts of Government, because, after all, it is our Government the same as it is every other group's Government.

Senator PEPPER. Yes.

Mr. BITTNER. If labor is given that same responsibility, at least that same responsibility—and we ask no privileges, no special privileges, but we do think that labor should be given that same responsibility in Government agencies that management is given.

Senator PEPPER. And do you find that condition to exist today?

Mr. BITTNER. That condition does not exist today. The only department of Government in any of the war agencies where labor has the same responsibilities as government does through the public and as management through employer representatives is the War Labor Board, where there is a tripartite set-up of public members, labor members, and employer members.

Senator PEPPER. And you feel in that Board labor has done its part to the public good?

Mr. BITTNER. Yes, sir; we do; and I think the public members on the Board would so testify.

Senator PEPPER. You do not believe that labor is represented in making the decisions that are made in the principal governmental places?

Mr. BITTNER. I do not. Outside of the War Labor Board, the only function of labor is advisory committees, and the great trouble with advisory committees generally is that nobody takes their advice.

Senator PEPPER. You do not have such representation in the War Production Board?

Mr. BITTNER. We do not.

Senator PEPPER. Or in the Manpower Commission?

Mr. BITTNER. We do not.

Senator PEPPER. Or in the Economic Stabilization Bureau?

Mr. BITTNER. No; we have not. It is advisory entirely there again in the Economic Stabilization Bureau.

Senator PEPPER. In other words, you do not find a situation analogous to that which exists in England, where some of the principal members of the cabinet are responsible men from the ranks of labor?

Mr. BITTNER. No; that situation does not exist in the United States.

Senator PEPPER. Now, just one other question or two, Mr. Bittner. You feel, as I understand your suggestions, that there is a division in responsibility and authority in the conduct of the war effort?

Mr. BITTNER. That is right.

Senator PEPPER. And that only in the person of the President is the governmental power consolidated.

Mr. BITTNER. That is true.

Senator PEPPER. And that that authority ought to be a general overall authority responsible for the conduct of the whole civilian war effort?

Mr. BITTNER. Yes, sir.

Senator PEPPER. And that that in turn ought to be tied intimately in with the military phases of the war effort, so there would be a comprehensiveness and a completeness in the conduct of the war and the mobilization of the Nation's effort which would keep the parts properly related one to another?

Mr. BITTNER. That is right. Senator, our idea on this total mobilization of our war effort is for the military branches of our Government to say to the civilian working population of this country what they need and what they want when they need it and when they want it, and it is our duty to get it to them.

Senator PEPPER. Would you think such a unity of command, as it were, could be obtained in the form of a war mobilization board which would be the over-all authority under which would function the manpower agencies and the services of supply, and the production agencies such as the War Production Board?

Mr. BITTNER. Something along that order, as we see the picture, will have to be done.

Senator PEPPER. That is such as is recommended by the Tolan committee and embodied in the legislation offered by Mr. Tolan in the House and by Senator Kilgore in the Senate?

Mr. BITTNER. Some such plan, although we do think that probably that could be done by Executive order if we could ever get over to the place where they would do it.

Senator PEPPER. Whether it should be by legislation or by Executive order is not so important as that it should be done?

Mr. BITTNER. That is not so important as winning the war. That is the important point.

Senator PEPPER. That is right. Has your organization had any contact with the Manpower Commission?

Mr. BITTNER. Oh, yes! We have a member of our organization on the advisory committee.

Senator PEPPER. Has the Manpower Commission been responsible for the obtaining of new employees in the steel industry and for their training and distribution in the industry?

Mr. BITTNER. They have gone a long way in that direction; yes, sir. They have developed quite a training system.

Senator PEPPER. What about the Federal Employment Service? Have you used that very extensively?

Mr. BITTNER. In the steel industry, as I say, we have not, because up until the present time, generally speaking—there may be isolated instances—that is about all the use we have made of the Employment Service.

Senator PEPPER. There is a manpower authority set up in the War Production Board, isn't there?

Mr. BITTNER. Yes.

Senator PEPPER. Then, there is another one in the Services of Supplies in the Army?

Mr. BITTNER. Another one in the Services of Supplies.

Senator PEPPER. Another one in the regular Manpower Commission under Mr. McNutt?

Mr. BITTNER. That is right, and the War Labor Board has something to do with it.

Senator PEPPER. Then, the War Labor Board seems to have something to do with manpower?

Mr. BITTNER. That is right.

Senator PEPPER. That is not the kind of centralization of authority and coordination that would be most effective toward the winning of the war?

Mr. BITTNER. That is true. I say this to you: Really, when you go out and see these things and you realize the tremendous machine Hitler has, it just makes you shudder sometimes wondering what is going to become of us in the end.

Senator PEPPER. Any questions, Dr. Lamb?

Dr. LAMB. You may have answered these questions, Mr. Bittner. Will you say that there was a sizable backlog of big orders now in the hands of the large steel companies?

Mr. BITTNER. Yes.

Dr. LAMB. That is to say, that the rate of production now going on there is not drawing these down, but rather that the orders are piling up?

Mr. BITTNER. In many instances, they are.

Dr. LAMB. What about the utilization of small steel manufacturers?

Mr. BITTNER. Well, that has been our great problem. We have many small manufacturers that are not operating. Some of the plants are closed down entirely, others are just operating on a piecemeal basis, and in many instances those small manufacturers could start manufacturing immediately rather than wait until their plant was expanded and new machinery brought in, because there are so many things happening.

I just want to say this to you, that there is a mistaken idea in this country that the fine mechanics and fine management for the manu-

facturing processes are all in large industries. In fact, my observation proves to me that it is just the other way, because in order to stay in business under normal times the small manufacturer had to be on his toes to a greater degree than the larger corporations.

Dr. LAMB. In other words, you think that in these smaller companies you have some of the most flexible management and some of the most skilled workers?

Mr. BITTNER. I do not think there is any question about that.

Dr. LAMB. I assume that you have some instances of smaller companies which have been fortunate and which have expanded considerably in the course of the war and demonstrated their ability to rise to the occasion.

Mr. BITTNER. Yes, we have had many instances of that. In fact, our experience shows us that these smaller manufacturers—some of them are not so small but they are small in comparison with the United States Steel Corporation, the Bethlehem Steel and others—have demonstrated their ability not only to manufacture the war needs but to expand even more rapidly than the larger companies. That is natural. They haven't had to go to finance committees and banks and boards of directors. Maybe two or three fellows own the factory, they get together and decide on what they are going to do and do it.

Dr. LAMB. Their record of conversion would you say was ahead of that of the large companies?

Mr. BITTNER. Well, it is at least equal to it, and probably in many instances far ahead of it, yes.

Dr. LAMB. That is where they have gotten into war production itself without access to new facilities.

Mr. BITTNER. That is true.

Dr. LAMB. Where they only had to convert the existing facilities.

Mr. BITTNER. That is right. For instance, take a large steel company like the Bethlehem Steel, which did such a tremendous amount of expanding, a tremendous lot of their time has been spent in designing buildings, designing them not only to take care of the war effort but also with an eye on the future, so that there is such a tremendous lot of time wasted even in conversion due to that fact. They want to do big things, and the average small manufacturer, he is willing to go ahead as he has been, he does not care so much about the picture of his factory as what he is making in it. That is what counts for him.

Dr. LAMB. I believe Mr. Murray some time ago proposed a schedule clerk for the entire steel industry. Could you indicate how that would work?

Mr. BITTNER. Well, I do not know exactly how it would work. Of course, one of the things that Mr. Murray and the CIO have been tremendously interested in for, oh, the last 18 months or two years would be the setting up of this joint labor-management relationship committee, with a top somewhere in some Government agency here in Washington, as a review board, so that at least we would know whether or not the full facilities of the industry were being used either by management or labor, because, after all, we say to you it needs some planning as far as labor is concerned. I am not arguing here that

labor is 100 percent perfect or anything like, but our unions are attempting to develop these things.

We believe this, that if American workers know the facts and American management generally knows what the Government wants them to do and provides the easiest method instead of the hardest way around, that the American workers and management generally will do the things that the Government wants them to do, to coordinate this war effort. The great trouble has been down here that nobody seems to know just exactly from one day to the other what they want done.

Dr. LAMB. Now, in that connection, I believe the morning papers carry a story to the effect that union representatives are going to be placed on materials committees as part of the new materials control plan.

Mr. BITTNER. I read that in the paper, too, this morning. I just want to say this, that if action is not taken on those matters much faster than it has been on other similar proposals, I am just afraid the war may be over before we get the committee organized.

Dr. LAMB. Do you know what the effect of the draft has been on steel workers?

Mr. BITTNER. No; I could not say exactly. Of course, the same percentage of steel workers is affected by the draft as any other group of workers.

Dr. LAMB. What I am getting at is whether steel workers have been considered a critical skill.

Mr. BITTNER. They have. There have been some keymen that have been deferred, I would say on about the same percentage as other war industries.

Dr. LAMB. What is the attitude of the steel workers toward the question of three shifts as over against longer hours in terms of efficiency of operation?

Mr. BITTNER. Well, many of our steel mills are working three shifts. I would say the majority of the steel mills in the United States now are working three shifts.

Dr. LAMB. So that lengthening the hours of those shifts would be difficult because three full shifts would take up practically all the time in the week?

Mr. BITTNER. Well, lengthening the hours would not mean any more work for the workers in the steel industry, as it is proven by the fact that the men in the steel industry now are only getting 35 hours.

Dr. LAMB. The difference between the present operations and the others would then be a better loading of the production operations, full loading instead of operating on a 35-hour or 37-hour basis?

Mr. BITTNER. Well, that is true to some extent, but not altogether, because after all when a plant like a large steel plant operates three shifts certainly the last shift is not as efficient as the first one.

Dr. LAMB. The size of the shift is smaller?

Mr. BITTNER. Well, generally speaking, that is true, but, after all, you have got to have somebody around the steel mill to repair the machinery and keep it in shape so that it will do the work. It is like anything else, you know. If you just work steadily, if you don't stop to eat or anything, you will soon break down.

Dr. WEBER. Mr. Bittner, do you know of any steel manufacturers that advocate a national service act at the present time?

Mr. BITTNER. Well, none of them have ever said that to me. I think there are steel manufacturers that want a national service act. I think there are quite a large number of employers in general in this country that want a national service act. They would lose nothing by a national service act, and a national service act would cover up their sins of management.

Dr. WEBER. I wanted to ask you several questions in regard to the C. I. O.'s approach to farm workers. There is a tremendous amount of agitation going on at the present time in terms of obtaining compulsory powers in regard to farm workers, and this seems to be the point at which the drive for this legislation is concentrating at the present time. I would like to call your attention to an article in the New York Times of today which says that Mr. Edward A. O'Neal, president of the American Farm Bureau, speaking before the annual convention of the Alabama Farm Bureau Federation, the farmer leader urged compulsory deferment of farm youths when the teen-age group is drafted, and also proposed adoption of a 54-hour workweek for industrial labor.

The question that I wanted to ask is, Does the C. I. O. have a program in regard to mobilization of farm labor?

Mr. BITTNER. No. The C. I. O. has no general program relative to the mobilization of farm labor. In other words, we have had our hands full looking after that part of industry that we represent, and we leave that matter to the real farm unions. The agricultural workers, of course, may have some ideas about these things, but C. I. O. generally does not.

Dr. WEBER. The C. I. O. as a whole has not taken any action?

Mr. BITTNER. Has not taken any definite action relative to such a program.

Dr. WEBER. How is it possible, Mr. Bittner, to separate the principles which govern the mobilization of industrial labor from the principles which govern the mobilization of farm labor?

Mr. BITTNER. It probably would be a pretty tough job to do it; however, as I say, the C. I. O. and the steelworkers have left the farm question to those organizations in the farm industry. We may say this to you, that our experience, from what we hear from the farmers' unions, is that there is no more necessity for drafting labor for the farm than there is for drafting labor in industry, and according to statement you just read here of Mr. O'Neal's, if he does not know anything more about the farm problems than he shows that he knows about industry by advocating a 54-hour week, God pity the farmers that he represents.

Dr. WEBER. Thank you.

Senator PEPPER. Just one question. Mr. Bittner: Do you have any knowledge as to whether the so-called electric-furnace method of making alloy steel is sufficiently expanded in this country to meet the war needs?

Mr. BITTNER. No; it is not. There is not any question about it, it is not, and it should be.

Senator PEPPER. Have you heard in steel circles any comparison between the volume of production of the electric-furnace alloy steel in this country as compared with that of Germany?

Mr. BITTNER. Well, we may have, Senator. I haven't that information at hand.

Senator PEPPER. I have heard the report that the German capacity of making steel of that sort was double our own, and I wondered if you had heard any confirmation or denial of that report in steel circles.

Mr. BITTNER. I know it is much larger but I could not say just exactly how much.

Senator PEPPER. There was some difficulty in obtaining full steel production on account of the shortage of raw steel, I believe you said.

Mr. BITTNER. Scrap.

Senator PEPPER. Or scrap.

Mr. BITTNER. Oh, yes, that is one of our real problems.

Senator PEPPER. Have you heard of whether or not there are inventories in excess of needs? In other words, an excessive accumulation of inventories in various parts of the country of steel which might properly be allocated and put into more immediate use?

Mr. BITTNER. Our investigation has led us to believe that very thing. You see, getting down to this scrap proposition which to us is really a tragedy, as you know previous to Pearl Harbor our scrap was going to Japan shipload after shipload, thousands upon thousands of tons of it, and the scrap broker in America, generally speaking, is pretty much in control of political machines, and so forth, especially in our larger industrial cities, and it is because of that fact, with all those factors working together, that we have never been able to iron out the scrap situation. Take in the city of Chicago, the chief scrap dealer in Chicago, of course, is one of the great politicians of the city of Chicago. I have no objection to that, but you can easily understand that it does make it harder for people to get to him to work out these things.

Senator PEPPER. You feel if the Government had taken a more immediate hold of the scrap situation, at least since the war began, that we would have had a larger quantity of raw steel available to the industry, a larger volume of steel output for war purposes, and a longer work week for the steel workers?

Mr. BITTNER. There isn't any question about that.

Senator PEPPER. So that all this problem, as you suggest, is tied in together, the question of the acquisition of raw materials, keeping the stream flowing and keeping manpower fully employed, and keeping all the facilities effectively at work, and the whole thing properly coordinated?

Mr. BITTNER. That is true.

Senator PEPPER. Now, do you have any knowledge of the so-called sponge iron process, of which we heard a good bit in the press?

Mr. BITTNER. Well, what knowledge I have is not definite. I know something about the sponge iron production. I just want to say this to you that so far as that is concerned, up until the present time at least it is my understanding from our people on W. P. B. nobody has seen fit to get the formula that is being used especially in Russia, because Russia uses more of that than any other country, due to the fact that it is a new producer in the iron and steel industry and they do not have much scrap, so necessity was the mother of invention and they went ahead with this business. Here is the thing that is holding that back, as we see it, Senator: As I told you, these scrap brokers do not

want some substitute for scrap manufactured during this war, because scrap brokers, generally speaking, even in the most depressive times we had in the country, did pretty well, and it is a tremendous business.

Senator PEPPER. Thank you, Mr. Bittner.

Mr. BITTNER. I would like to say, Senator, the next witness we have it Mr. Reid Robinson, the president of the International Union of Mine, Mill, and Smelter Workers.

Senator PEPPER. Thank you very much. We are very grateful to you.

STATEMENT OF REID ROBINSON, PRESIDENT OF THE INTERNATIONAL UNION OF MINE, MILL, AND SMELTER WORKERS AND VICE PRESIDENT OF THE CONGRESS OF INDUSTRIAL ORGANIZATIONS

Senator PEPPER. Mr. Robinson, state your name, your address, the representative capacity in which you come here, and then make any statement you care to make on this whole subject of manpower in war production.

Mr. ROBINSON. Reid Robinson. President of the International Union of Mine, Mill, and Smelter Workers, and vice president of the Congress of Industrial Organizations.

Mr. Chairman, the innumerable formulae proposed "to solve the manpower problem" are like patches on a worn-out tire. Patches won't make the tire serviceable if the casing is shot; and the manpower formulae that have been advanced will not solve the problem before the Nation—because manpower is merely one of the accompanying factors, not the root of the problem.

It is easy of course to oversimplify difficult problems, but the trouble with the manpower problem is that the essential simplicity of its nature has been lost in a flood of proposals, arguments, and excursions of fantasy.

We in the International Union of Mine, Mill and Smelter Workers and in the C. I. O. have been thinking of manpower and related problems ever since the war began.

Our approach to this problem is direct: Labor's energies and sweat lie at the basis of all production. You must think of manpower in terms of production sought; and of production in terms of manpower needed.

That is why, as far back as 1940, the C. I. O. through its president, Philip Murray, proposed the Industry Council Plan whereby labor might join with management and government on a national and industry-wide scale to plan to meet our country's requirements through the proper utilization of raw materials, the machinery to process these materials and the manpower to work the machines.

Twenty-four hours after Pearl Harbor, my organization presented to the President of the United States our own Production for Victory program, designed to help our hungry war machine acquire greater amounts of the basic raw materials through the proper use of the mines, mills, and smelters and the miners, millmen, and smeltermen.

While it is a source of deep pride to us that many of our proposals have been accepted by the War Production Board, it must be recognized, nevertheless, that partial acceptance of a program involving one industry does not begin to meet the needs of total war.

We, in our organization, agree completely with those who hold that total war against the Fascist-Axis requires an uncompromising total mobilization of the entire economy of our Nation— assembling, organizing, directing the full weight of all our resources toward speedy victory over our enemies.

And we hold that speedy victory is possible, not through a continuation of the present indecisive character of our war effort, but through engaging the enemy at once in an aggressive and overwhelming land attack on Nazi-held Europe, while Hitler's armies are being shattered by our gallant ally at Stalingrad.

Certainly, it must be clear that our manpower problem cannot even be estimated, never mind solved, so long as we do not know the military nature of our participation in this global war.

If delayed military action now means we will need an army of 2,000,000 more men in the spring—we have an added manpower problem.

If we are going to continue sporadic air bombardments of the continent of Europe, our domestic use of man power is clearly indicated in terms of heavy bomber plants.

But if we are going into the long-promised and long-delayed second land front in Europe, our military needs require certain basic supplies—production for which must be assured priorities on our available manpower.

This then is the first requirement in solving our manpower problem—our Nation must know what kind of a war we are to fight.

This problem cannot be solved by moving men, like pieces in a jigsaw puzzle that just won't fit, from New York to Portland, to meet the needs of one particular employer. We must move the men to meet the primary needs of the Nation.

No one employer knows that need, but the responsible heads of our Government do, and if they do not 11 months after Pearl Harbor, they must let that leadership be shared by representatives of the people who see the need and are ready to share the responsibilities of meeting the need.

It so happens that I represent a union which has had first-hand experience with one approach to the manpower problem. Your committee should know what this is, how it works, what its failings are, and what its virtues are.

On September 8 the War Manpower Commission issued its order limiting the movement of workers in the nonferrous metals and lumber industries in 12 Western States. This order was issued after conference between representatives of management and labor and the various Government agencies involved, conferences conducted in a democratic fashion with the recommendations ensuing therefrom based on voluntary cooperation by management and labor.

Earlier, in July, our union had presented to the Government an analysis of the manpower problems in our industry. After pointing to an alarming shortage of some 6,000 workers in the copper, lead, and zinc mines and mills and an out-migration of some 2,000 men a month

from this section of our industry, we presented some of the causes for this serious trend. Among those were inadequate wages, threats of job freezing emanating from Washington, poor working conditions and job hazards, inadequate housing, transportation difficulties enhanced by the rubber shortage, discrimination against workers because of race, trade-union membership, or age, and the draining of men by the armed forces. All these were contributing factors; no one, if solved alone, would solve the entire problem.

By the time the War Manpower Commission order of September 8 was issued restricting the movement of men out of the mines and mills and smelters, as one partial solution to a general problem, plans had already been made by other Government agencies to help overcome the transportation problem, to plan for emergency housing, to consider the need for wage adjustments, to restrict the drainage of manpower by the armed services.

One thing became obvious in the union's relationships with the various Government agencies involved in this problem: that there was a real desire among the responsible Government agencies to help solve this problem. Our organization appreciates the cooperation, understanding, intelligence, and actions of such men as Fowler Harper, deputy administrator of the War Manpower Commission; Brig. Gen. Frank McSherry, director of operations of the War Manpower Commission; Brig. Gen. Lewis B. Hershey, director, Selective Service System; and Wendell Lund, director of the Labor Production Division of the War Production Board.

That the plan has not solved the problem is not the fault of these officials. Failure of this problem lay at the very root of the problem: the impossibility of solving any problem unless it is treated at the source.

Let me first point to some of the advantages of this program before indicating some of its failures.

The voluntary program had these assets:

(1) Putting first things first, it attempted to insure an adequate manpower supply for the vital raw materials—metals and lumber—which lie at the base of the entire war production program.

(2) It designated the entire area involved as critical areas to which primary attention should be turned.

(3) It called for the cooperation of labor, management, and the various Government agencies involved to help solve the mutual problem.

(4) It is planned for the establishment of local manpower committees of labor and management, to be attached to the Government manpower and employment agencies, to serve as aid and appeals machinery.

(5) It required workers to remain on jobs in these key war industries, unless legitimate reasons existed for permitting the workers to leave these jobs. Certificates of separation were to be granted by the United States Employment Service for such employees with legitimate reasons for leaving, so that these workers might be hired by other employers.

(6) It listed a number of legitimate reasons which would warrant a worker's leaving his job—wages substantially lower than a man could earn for the same skill on similar work; skills which should

be utilized for the war effort but which were being wasted on jobs requiring less skill; lack of housing; transportation difficulties, such as lack of tires to drive to and from work for workers who have a 50- to 60-mile round trip; and compelling personal reasons—health, family problems, and so forth.

In short, the workers in these industries were given ample evidence that the request for them to remain on the job was a reasonable one; that they were not to be frozen on the job, regardless of circumstances.

(7) The employer in turn was not to discharge a man except for gross misconduct, since manpower is essential to the industry.

(8) The employer further was not to refuse to hire any man, regardless of race, color, union membership, or age, excepting for inability to perform the job sought. In both hiring and firing the individual worker, the union had the right of appeal to the United States Employment Service and to the local manpower committee.

This program has been under way for approximately 2 months. It is possible already to see what its shortcomings are, even though it is true that it contains in it the basis for an approach to the handling of the manpower problem, insofar as the movement of workers alone is concerned.

Let us see now what some of the weaknesses of this plan have been:

First, the announcement of this program was tragically mishandled by the Government publicity staffs and by the Nation's press. It was announced as a freezing of manpower, which caused a sharp drop in morale and a complete misunderstanding in the field as to the voluntary and cooperative nature of the program actually promulgated. As the union had pointed out in its July memorandum to the Government, every rumor of job freezing emanating from Washington caused mass out-migration of the workers in these industries who were resolved to find work in other important war industries at better wages and better working conditions before they should be held for the duration in one job. The announcement of this program as a freezing order not only hurt the entire approach to this problem, but also discouraged new workers from entering the industry to meet its manpower needs.

Second, the machinery for carrying out this program had not yet been set up in the field when the directive order was issued. Weeks went by before the local manpower committees were set up. Meanwhile, there was no appeals machinery that lay at the very heart of the voluntary and cooperative program.

Third, employees who remained on the job at the request of the union, of the management, and the Government saw other workers walk away without going through the procedure of acquiring certificates of separation, and then saw these workers employed by other employers in other industries.

Fourth, in the face of the attempt to convince the men that the most important place for workers was in this industry, the drafting of men out of the industry and the acceptance of enlistments out of the industry continued. It is worth emphasizing that this was done in specific cases by regional directors of selective service, even though national headquarters was offering its complete cooperation behind this program. I wish to make clear that this was not a major difficulty; but to the extent that it did occur it was a paradoxical situation in which Government continued to draw men away from an industry in which it said men must remain for the war effort.

Fifth, the issuance of the restrictive order was conditioned by the expectation on the part of management, labor, and the War Manpower Commission of an early War Labor Board decision in the then pending cases affecting mines, mills, and smelters in a number of the Western States. The early announcement of a wage increase was expected to prove to the workers that their just demands could be adjusted and that they are not being frozen on their jobs regardless of lower wage standards in those jobs. While this decision finally did come from the Board, it came 6 weeks later and after much skepticism and unrest had developed in the field.

To those points must be added the fact that even though plans had been discussed for providing housing; ending discriminatory treatment against the workers because of race, color, union membership, or age; and providing transportation; nevertheless, housing was not provided, transportation difficulties still continued, and discriminatory treatment by management unfortunately continued also.

The best program could not work to keep workers if there were no houses for the men, if there was no way for the men to travel to the jobs, if employers either would not hire men or employ these men to make maximum utilization of their skills.

One of the most obvious of the failures described in this voluntary procedure, it seems clear, is the lack of control over the refusal of certain employers to cooperate in requiring certificates of separation from job applicants. It seems necessary for management to realize that if workers are expected to limit their freedom of movement voluntarily, management, too, must limit their rights in hiring and firing.

Our experience would indicate that some central agency, combining representatives of Government, labor, and management, is necessary to control the flow of labor from industry to industry and from plant to plant within industry, passing upon job separations and handling all hiring. Such a plan would prevent labor pirating; such a plan would prevent the failure to utilize available manpower by employers because of prejudice and discrimination.

The C. I. O. long ago called upon Government to permit labor to share national leadership in all levels of political responsibility, yes, even in the Cabinet—asking this not as a favor but as a right. We agree completely with the statement of President Philip Murray, of the C. I. O., before your committee on October 30, that the Nation still needs full participation by representatives of labor and management and other agencies of the people at the top level and in every community and in every plant.

I would like in closing to compliment the chairman of this committee for his request to the President of the United States that a conference such as suggested by President Philip Murray in his testimony last week be convened of selected capable leaders from Government, Congress, management, and labor and agriculture to formulate plans for establishing a necessary over-all machinery to integrate procurement, production, and manpower under a unified directing and planning body.

Even as haphazardly as our Nation has worked during the past 11 months, we have made astounding progress in gathering our forces for victory over fascism. Such a unified and integrated program as the chairman of this committee has requested of the President of the

United States would obviously be a major step forward to attuning the American production machine to its highest capacity.

Senator PEPPER. Mr. Robinson, I want to compliment you most highly upon this very clear, able, and convincing statement that you prepared. I think it is one of the best statements that has been made by anybody on this subject since it has been up.

Mr. ROBINSON. Thank you.

Senator PEPPER. Your statement indicates very clearly what multi-lateral problem this whole question of manpower presents and you vividly show how all these diverse factors make up the whole or do not make up the whole.

For example, working conditions have to be reasonably satisfactory and adequate; wages have to be reasonably satisfactory and adequate; the men and women have to have ability to get to the place of work, as you point out—and that perhaps has to do with rationing boards, ability to get gasoline and tires or to have public transportation facilities provided; the employer has to be cooperative not only in the use of labor which he has but in, as you point out, not taking employees who have separated themselves from other employment without adequate certificates; housing facilities have to be available to the workers, and that contemplates the coordination of the housing authorities into the picture, all of which, and many other factors that I have not mentioned that you intimate, show the necessity, as I understand you, of the manpower problem being directed from a central authority and source.

Mr. ROBINSON. That is right.

Senator PEPPER. Which would have the power to bring into coordination all of the diverse elements which affect the question of manpower; is that correct?

Mr. ROBINSON. Definitely so. In our recent experience, there was an attempt made to coordinate all of these various factors through an interdepartmental committee representing the War Production Board, the War Labor Board, the Office of Price Administration, and so on, but we found that that interdepartmental committee, while it was highly cooperative, did not have the authority to work together and to do all of these things simultaneously, with the result that the War Manpower Commission's order came out prior to the time that the War Labor Board's decision on the question of wages, which, because of the distortion in the press that it was a freezing order by the Manpower Commission and the workers having no relief on the question of wages, caused a dropping of morale and a lowering of production.

Senator PEPPER. If the authority that is supposed to deal with manpower has no power to bring other elements into coordination and to effect the timing of their action, obviously it cannot be effective in dealing with the problem?

Mr. ROBINSON. That is correct.

Senator PEPPER. In other words if housing is needed in a certain place before you can get workers there and whoever is in charge of the manpower situation has no power to get somebody to build houses there, he is stymied before he starts in getting anything done; isn't that right?

Mr. ROBINSON. That is right. That is brought forward in the recent order by the Army in which they furloughed from the Army sev-

eral hundred men who claimed that they had the ability to do the work in the mines, and they were immediately, overnight, ordered to go from their camps into these various mining areas. There was a question of housing, especially as it related to the needy Negro soldiers that were furloughed and it created a problem where the Army, acting independently of everyone else, got into a situation where it would have to call upon all of us, the unions, management, and other governmental agencies, to help them out of that difficult circumstance.

Senator PEPPER. When, if there had been an adequate organization of the manpower question or problem, the Army would have simply turned that over to the representative of the manpower, and they would have had authority, if necessary, to requisition houses, if necessary to requisition the transportation facilities, to have done the things necessary to get the job effectively done, bringing the laborer to his job.

Mr. ROBINSON. They have put into the mines skilled miners, with the other phases of the problem taken care of in a way that the morale would be higher, the efficiency would be higher, and we would get the result which we all desire, more copper to deliver in the shape of projectiles to Mr. Hitler.

Senator PEPPER. Now, in the first place, do you think those men who were subsequently sent back to the mines should ever have been taken out of there by the draft?

Mr. ROBINSON. I would think that it was a lack of planning when they drafted these men, these skilled miners. They took them out of the mines without looking to the future. We have pointed for several months to this singular fact that they kept draining skilled miners from the mines they were going to run into a shortage of skilled labor in the mines, and it seemed that in some of the smaller mining communities the drain by the draft was especially heavy. For instance, out in the small mining camps in Nevada they took about 50 percent of the miners from that town, because they had a quota to fill and they filled with skilled copper miners.

Senator PEPPER. There was no coordination between those responsible for filling the quota of the Army and those responsible for keeping an adequate supply of raw materials running to the facilities of the country?

Mr. ROBINSON. Absolutely none, as far as we can learn.

Senator PEPPER. They acted, as you could observe, separately and without being influenced either by need or any of the other considerations.

Mr. ROBINSON. We are rather proud of the fact that we have been able to get as much integration of the work of the various governmental agencies as we have through our insisting on their looking at these problems jointly.

Senator PEPPER. In that case the initiative for coordination has come from inside the Government?

Mr. ROBINSON. Very definitely so.

Senator PEPPER. Whereas, normally, you would expect the Government to be the one achieving the coordination?

Mr. ROBINSON. We expect the Government to tell us what the job is, and we will see that it gets done.

Senator PEPPER. Now, suppose there had been a complete coordination of effort and policy between, for example, the authorities of the

Government responsible for men for the Army and those responsible for raw materials for the factories, and suppose that this coordination had been expressed, for example, through coordination between the local draft boards and properly constituted deferment boards having to do with vocational deferment, then the needs of the war could have been reconciled with and considered in relation to the other, could they not?

Mr. ROBINSON. Yes, that is very correct.

Senator PEPPER. And when the man who was looking for soldiers for the Army said, "I must have so many men," and started to draw these men from the mines, the man responsible for production would have said, "Stop a minute. You are taking essential men out of the mines, and without the mines we cannot have raw materials, and without raw materials we cannot have the implements of war," and then would have been evolved a reconciliation of these diverse interests, which really are complementary interests, and there at that level, perhaps not higher than the region, the problem would have been properly worked out without all this unnecessary waste of pulling those men into the Army, training them and finally sending them back to the mines?

Mr. ROBINSON. Yes; and with the additional problem that when they did get to the point of sending them back to the mines—many of them had been sent to the far stretches of the earth in this war effort, with the result that, for instance, in a Butte mine they would bring in a Pennsylvania coal miner and perhaps an Alabama iron ore miner. Speaking as a miner myself, I know that the efficiency in the mines will be lowered with a situation like that. There is the question in mines of knowing the ground with which you are working, and had they not drafted these people they would have had skilled—and I will use Butte as an instance again—skilled Butte miners handling the copper production in Butte rather than bringing in a Pennsylvania coal miner into copper mining in the Butte mines. That goes too far for the sending of a Butte copper miner into the Arizona field. He has to go through the process of training, and so on. All of this could have been prevented had there been the coordination that you describe.

Senator PEPPER. Do you know of any instances where men have been brought back from overseas to go back in the mines?

Mr. ROBINSON. No; I don't think there has been any instance like that.

Senator PEPPER. Only from different parts of the country?

Mr. ROBINSON. They selected them from just a very few camps. They haven't made a thorough survey of all the camps throughout the country. We have asked them to make a reanalysis of this whole problem, so that they can bring back the skilled miner to the job that he left, because we know that production will increase if that is done.

Senator PEPPER. Do they just take the men from the camps that are proximate to the places where there are shortages in the mines?

Mr. ROBINSON. To a certain degree. For instance, they have transferred a lot of men from camps in Wisconsin to the Montana fields, and they have taken some from Georgia to go into the southwestern field.

Senator PEPPER. Where is the southwestern field?

Mr. ROBINSON. Arizona, New Mexico, and some in Utah. Another thing that I understand they have done, although I cannot say this as a fact, but I understand that rather than analyze the applicant's ability to do this job, they just called for volunteers of those that wanted to come back, those that were miners, would they please step forward, and quite a few stepped forward. I heard of an instance of a lad coming into the Butte mines from the Army, he got down in the mine and he pulled himself up and said, "Well, I am here for 90 days. I might as well get as comfortable as I can." Of course, they had to send him back to the Army. There is no planning of that even within the Army, there is no planning of how they can get the most skillful person back on the job.

Senator PEPPER. You think then it is essential that there be vocational deferment boards that will be able to retain in the critical places, in mining and in industries of which you have spoken, the men that are suitable to those places?

Mr. ROBINSON. Yes; it is very necessary.

Dr. WEBER. President Robinson, I wanted to ask a few questions about the wage differentials between shipbuilding, aircraft and mining. Time is rather short, and President Green, of the Shipbuilders Union, has got to come on. I just want to get the bare outline of the differences in wage scales before the recent decision of the War Labor Board.

Mr. ROBINSON. There was a rather substantial difference between the rates in the nonferrous industry and in shipbuilding and aircraft, ranging anywhere from 10 cents an hour to 40 cents an hour.

Dr. WEBER. What did that amount to a week?

Mr. ROBINSON. Oh, it would amount, in terms of the weekly scale, to anywhere from \$3 to \$10.

Dr. WEBER. And as the result of that differential workers were leaving nonferrous mining and going to shipbuilding and aircraft construction?

Mr. ROBINSON. That is correct.

Dr. WEBER. This would lead one to think that wages are one of the key factors in mobilization of manpower today, wouldn't it?

Mr. ROBINSON. Yes; there has to be a stabilization of wages in order to meet that phase of the manpower problem.

Dr. WEBER. I would like to get your opinion on what the function of wages is today, or rather what should determine the setting of stabilized wages in an industry. That is to say, can we consider that wages today are a product of collective bargaining considerations, or should we consider that wages must be set and stabilized in terms of manpower mobilization considerations?

Mr. ROBINSON. Well, I do not think that we should at any time agree that wages should not be a part of free collective bargaining. There are certain considerations that must be given to a stabilization of industries, not just a single industry.

Dr. WEBER. In most national defense industries today, the Federal Government is paying for the contract, that is, it is paying for the material, so that the ultimate employer in most national defense industries is the Government. Most contracts, or a large number of them, are on a cost-plus or costs-plus-fee basis, and so on. Is there any reason why an employer, under those conditions, should object to raising wages, stabilizing them in an industry in order to prevent

the withdrawal of those workers from, let us say, nonferrous mining to shipbuilding and aircraft?

Mr. ROBINSON. I think that that should be answered in this way, that in order to prosecute our war effort to the fullest the wages in all industries should be adequate to keep the worker and his family in good health and good condition, able to give his fullest to the war effort, and that, aside from any other consideration, keeping the worker in good health and a sound physical condition which requires an adequate wage schedule is imperative.

Dr. WEBER. You think of wages then in terms of stabilized wages by industries, for those industries that are essential to national defense, and the general consideration in regard to the size of the wage is that it should be a decent living standard necessary for the worker and his family?

Mr. ROBINSON. That is correct.

Dr. WEBER. Would you consider that inflation should be taken care of through rationing, taxation, bond sales, and that type of effort, rather than through depressing the wages paid?

Mr. ROBINSON. The answer to the inflation argument is only by the full application of the President's 7-point economic program, applying it in its fullest force to every section of our society today.

Dr. WEBER. Now, if wages are one of the key factors in mobilizing manpower and wages are the responsibility of the Board of Economic Stabilization, and yet Mr. McNutt in his executive order apparently has fairly comprehensive powers in regard to manpower mobilization, does this seem to you to be a desirable division of responsibilities?

Mr. ROBINSON. No; because there cannot be that coordination that is necessary to meet all of the different phases of the manpower problem and the production problem simultaneously.

Dr. WEBER. Thank you.

Senator PEPPER. Thank you, Mr. Robinson. We appreciate very much your coming.

STATEMENT OF JOHN GREEN, PRESIDENT, INDUSTRIAL UNION OF MARINE SHIPBUILDING WORKERS OF AMERICA, CONGRESS OF INDUSTRIAL ORGANIZATIONS

Senator PEPPER. You will state, please, your name, your address, the capacity in which you come, and make such statement as you will be kind enough to make on this subject of manpower and war mobilization.

Mr. GREEN. John Green, 534 Cooper Street, Camden, N. J., president of the Industrial Union of Marine Shipbuilding Workers of America, C. I. O.

Mr. Chairman, in the shipbuilding industry we have long been familiar with many of the difficulties now associated with the national manpower situation. This No. 1 national problem of today has been our industry's main trouble for the past 4 years. We have learned that, despite the partial successes we have achieved through the bold and pioneering efforts made by our industry, no sectional approach to the problem can be truly successful.

Shipbuilding is peculiarly liable to the vicissitudes of peace and war. In 1919, at the end of World War No. 1, there were nearly 400,000 men employed in shipbuilding; by 1929 the number had fallen to 50,000.

In 1938 we had climbed back to 70,000. Today there are about 1,000,000 shipyard workers, and current estimates expect that there will be about 2,000,000 by the end of 1943.

Such violent changes in the size of the labor force of an industry makes an organization such as ours, the Industrial Union of Marine and Shipbuilding Workers of America (C. I. O.), fully conscious of and attentive to the problems of labor supply and turnover, labor pirating, migration, and full utilization. When the demands for labor so exceed the normal supply, the problems arise on an industry level which parallel those which the country as a whole will shortly be confronted with. Our industry found, to the extent that it is possible for any one industry to do so, a way out of many of the difficulties.

Soon after the Maritime Commission was established in 1937 for the purpose of expanding the shipbuilding program, the Union of Marine and Shipbuilding Workers of America put forward proposals for stabilization of the industry. Eventually, the Shipbuilding Stabilization Committee was established under the O. P. M. The committee is now organized and functions on a permanent basis; it acts as a sort of supreme court for the whole industry. It is a topside committee composed of representatives of management, labor, and of the governmental agencies concerned with the industry. I am convinced that the success of this set-up, limited though it is by its restricted scope, is indicative of the kind of solution which should be found (1) for other industries and (2) for the over-all national problem. Committees representing Government, labor, and management are the reasonable democratic way to handle our problems.

Although our industry has attacked with some success some of the big difficulties through the Shipbuilding Stabilization Committee, we have a number of sore spots. An outstanding example is the situation in the repair yards. These yards still follow their peacetime practice of maintaining their separate pools of reserve labor. Our union has repeatedly called for the institution of central hiring under the control of the U. S. E. S. with joint labor and management cooperation. Ship repair workers who are shaped up should report to the hiring agency instead of to the yard. Calls for employment from the yards should be directed to the hiring agency. Thus it would no longer be possible for one yard to have a surplus of labor while another yard is short of men. We are hopeful that this system will start shortly in New York.

Despite the shortage of skilled shipyard workers, thousands of qualified workers are unemployed in the Ports of New York and Boston. During the past few weeks, the Mayor of Boston accompanied a delegation of members of our Local Union No. 25 from East Boston to Washington in an effort to assist them to have work allocated by the Navy Department to the East Boston Yards.

The irregularity of repair work is partly responsible, and our union has proposed:

- (1) Transferring Navy repair work to private yards, and thus free the navy yards for new work.
- (2) Place conversion work, for example, merchant ships into carriers, in repair yards.
- (3) Where the repair yards are near shipbuilding yards, some new boats could be transferred to the repair yards for outfitting.

(4) We think that there should be direct labor representation in the office of the coordinator of ship repair and conversion. This would expedite maximum utilization of manpower and ways.

I would like to make an observation, Mr. Chairman, at this time. I have made statements that the productive manpower per man in the British shipbuilding industry is superior to that which we are getting in our shipbuilding and ship repair yards in this country. We have laid stress on speed, but I believe, and I have good reasons to believe, that if our manpower was properly allocated and evaluated that we can meet the productive manpower that is being attained in the British shipyards.

I have here a release dated November 1st in which Herbert Morrison, the Home Security Minister, states—or the newspaper article quotes him as stating:

He added that British shipbuilders' output per man was twice greater than that of any country and that 80 percent of war production was shipped overseas.

To say that manpower has now become our most important national problem is to misstate the issue. It is merely another aspect of the same problem which has successively been called inflation, raw materials, conversion of productive resources, that is, it is merely the latest phase of total war mobilization to reach the headlines. It should be considered in conjunction with them. The problem is the mobilization of everything we have got for the single task of defeating the enemy.

During the past 5 months I have sat as a representative of the C. I. O. on the Labor-Management Committee of the War Manpower Director. It has been an educational experience. If I had to sum up the results of the experience in a phrase, I would say that it has taught me that a disease such as measles cannot be cured by treating each individual pimple separately. Our country is faced with a number of demands on its manpower, for the armed forces, for war production, for the minimum civilian requirements, and for agriculture. Hitherto, it seems to me, each of these has been allowed to grab how and where it could with little, if any, regard for the needs of the others. The result has been a series of crises.

Every week when the Labor-Management Committee met in Washington, we were confronted with one or other of these critical situations. Our staff would report on the facts and the committee would attempt to devise a poultice to take care of the particular pimple under consideration. In this way, we handled labor piracy, migration, the importation of Mexicans to help agriculture in California, the lack of labor in the nonferrous mines, the lumber shortage, the imminent shortage on dairy and livestock farms, so forth and so on.

The actions of the committee are a matter of record. I should like to say that I was continually disturbed by the fact that we obviously were solving nothing because our partial approach to the problem merely paved the way to the next eruption and did nothing at all to get at the central point of infection.

This was well illustrated in connection with the allocation of manpower to supply the needs of the armed forces. The procedure of occupational deferment was, of course, an attempt to reconcile the needs of industry with those of the military. The failure of this de-

vice, through the autonomy of the local selective-service boards, was aggravated by the continuance of voluntary enlistment. Our committee was powerless when confronted with the fact that the armed forces were staging energetic recruiting campaigns, attracting into the forces numbers of workers essential to the war industries which had the task of supplying those same forces. We were attempting to fill the bathtub of industrial manpower while the drain of voluntary enlistment had been left open.

It was clear from the problems presented to our committee that our actions could be nullified overnight by actions of some other governmental agency. Divisions of the War Production Board made important manpower decisions when they allocated contracts, decided on plant sites, or concentrated less essential industries. Decisions of the National War Labor Board on wage and other issues have important consequences on the distribution of manpower. The same is true of the actions of the War and Navy Departments and the Maritime Commission. We learned equally that the activities of Federal Housing agencies and the functioning of the State social-security laws vitally affect the efficient distribution and full utilization of our available supply of manpower.

The question of manpower is merely one aspect of the total problem of mobilizing our whole country for the war effort. The first step must be to integrate the numerous governmental agencies at present struggling with the problem. This cannot be achieved by placing a coordinator, without effective power, over the existing autonomous agencies, the War Production Board, the Office of Price Control, the Manpower Commission, and so forth. There should be one over-all agency for all phases of the war effort. This agency should make the fundamental policy decisions and then decentralize the administration. But decentralization only leads to chaos unless there has first been the necessary integration.

When this has been done it will be possible to determine how much of the present difficulty is due to a lack of enforcement power and how much to weakness of our governmental structure.

The time will then have come for consideration of the sanctions and the degree of compulsion which may be necessary to achieve our goal of victory. The labor-management committee of the War Manpower Director has made considerable study of the types of national service legislation which has been introduced in other belligerent countries, particularly in Canada and Great Britain. Legislation in any country can only be rightly understood in relation to the rest of that country's social and economic arrangements, nevertheless, certain limited lessons can be learned from the experience of others.

It is impossible here to deal with the whole content of such legislation but I would like to refer to what is probably the main problem—the problem of the transfer of labor from less essential to more essential work. We are already familiar here with some of the more obvious so-called voluntary inducements to transfer—such as higher wages and draft deferment. Most of the other industrialized countries engaged in the war have found it necessary to pass on to some form of direct compulsory transfer. One of the main difficulties encountered occurs when the transfer involves shifting men to a job at a lesser rate of pay or with worse working conditions than he previously enjoyed.

England found this trouble when she tried to return miners to work in the mines. Wartime Transference of Labour in Great Britain, a publication of the International Labour Office, indicates the more satisfactory solution when he comments: "The fact that a number of these workers have preferred to go to jail rather than return to the mines testifies to the slowness of progress toward improving wages, conditions of work, and welfare arrangements for miners." Even after her compulsory legislation, improvement of conditions to make transfer attractive was the policy pursued. The Amalgamated Engineering Union, a British organization covering a large number of war workers, concluded in 1941 a national agreement with the employers in the industry, under which the rate of the transferred man must be "the rate of the job to which he has been transferred, whichever is the higher."

An agreement made in October 1941 between the Engineering and Allied Employers' National Federation and the Confederation of Shipbuilding and Engineering Unions illustrates the same principle. A similar, but more complicated arrangement was worked out on an industry-wide basis in the textile trade. The same International Labor Office publication states:

In addition to the application and gradual extension of the essential work orders, the most effective progress in overcoming wage barriers to transference is being made through joint conferences of employers and workers (sometimes convened at the initiative of the Government) at which efforts are made to raise the wages in particular essential industries.

In addition to the other things found necessary in Britain, the payment of transportation expenses, settling-in grants, separation allowances, the institution of welfare services, and so forth, we have other obstacles to overcome here. One of the chief of these is the absence of a strong, nationally organized employment service. In view of the national character of the manpower problem, the survival of ideas of State autonomy in the employment service amounts to sabotage of the war effort. Similar words are applicable to outmoded State laws restricting the recruitment of labor in one State for transportation to others. No enemy agent could devise a more effective way of preventing us from fully utilizing our available labor force.

The varying State social-security laws also present obstacles. The Federal Government must be given the power to ensure that when a worker travels from one State to another in order to serve more fully our national needs, he shall at least not suffer the loss of his hard-won equities in workmen's compensation, unemployment compensation, and so forth.

The general principle of labor-management cooperation should be applied to our whole organization for war. It is essential that at the top of the pyramid of our total war organization there should be a joint labor-management committee. Similar committees should function at subsidiary national, regional, and local levels. If, and we know this is possible, agreement between labor and management can be thus reached at the source of the decision, the country will fall into line with the minimum of friction and with the need for the minimum of compulsion. In this way I believe we can obtain what we all desire, the achievement of speedy and complete victory over the enemy not only without the loss of our free American economy but, to a large extent, because of it.

Senator PEPPER. Mr. Green, that is certainly a splendid statement. It indicates a very fine grasp of this whole problem. You have had an opportunity, by your experience, as you indicate, to see just how integrated the whole problem is, haven't you?

Mr. GREEN. I certainly have, sir.

Senator PEPPER. And unless all the elements of it may be brought into harmony you have nothing but discord and failure?

Mr. GREEN. That is correct, sir.

Senator PEPPER. Now, what has been the means of securing generally the workers that have come into the shipyards? Have they been secured by the shipyard management or by the labor unions or by the United States Employment Service, or have they just come voluntarily?

Mr. GREEN. I would say a partial combination of the whole. Certain labor unions supply the labor; other employers hire at the gate, and in one or two particular instances, the employment services are used for the purpose of getting key men. It is my observation, sir—and I live right against a shipyard—that something has to be done and done fast if we are going to maintain a proper manpower and get proper production.

Senator PEPPER. You mean then that it is going to be necessary, if we adequately use our manpower, to have something in the nature of vocational deferment boards, or a service that will stop that kind of thing?

Mr. GREEN. Correct, Senator.

Senator PEPPER. Has there been much difficulty in getting labor in the shipyards? Is there a shortage at the present time?

Mr. GREEN. Oh, there is a shortage, sir, of the skilled mechanics, but there has been no difficulty in getting manpower for the shipbuilding industry.

Senator PEPPER. I was going to ask if there had been any training program for workers in the shipyards.

Mr. GREEN. There are training programs set up, but they have not been coordinated or set up so that they function from a national point of view. We find, where the labor-management group set up their own, that we do a better job than has been done by the training director here from Washington.

Senator PEPPER. Now, has there been any appreciable upgrading of workers, lifting people up to more skilled occupations by training-within-the-industry?

Mr. GREEN. In some spots, yes; and in other spots, no; the reason being that management has an understanding that they will not pirate one from the other. We find in the case of people in those plants who ask to be upgraded for the period of 3 months or 6 months, whatever the agreement is, the management just tells them, "No; nothing doing; you haven't qualified," and they have gone out and gotten themselves jobs in other shipyards, and we find that they are told to go back to get a release, which they do not get.

Senator PEPPER. Do you feel that that condition is attributable in any degree to, for example, the lack of adequate policies requiring the full use of labor's ability within the industry?

Mr. GREEN. Certainly; it is a matter of record, sir, I don't care who knows it, that manpower has been wasted in the shipbuilding industry.

Senator PEPPER. Due to a lack of efficiency in the use of the manpower that they have?

Mr. GREEN. That is correct.

Senator PEPPER. Now, if there were Government inspectors who had to do with the full utilization of the manpower employed in the shipbuilding industry, there would be some opportunity to have that situation brought to the attention of proper authorities and some chance to correct it, would there not?

Mr. GREEN. Yes; and the evil could be minimized.

Senator PEPPER. Now, I take it that that kind of a policy then does not provide very much for the transfer of workers where they might be desirable, that is, they would be able to transfer workers within the particular plant from one job to another where they might serve best or from a surplus that existed maybe in another plant in another part of the country to a deficiency that existed in the particular place, here is not enough coordination in the whole use of manpower to make that very frequent, I assume?

Mr. GREEN. That is correct, sir. When I told you, as elected representative of this organization that I presented in 1937 to the Maritime Commission a stabilization program, I had in mind this whole question of transferring back and forth as each skill was needed or required.

Senator PEPPER. What about the housing conditions existing in the areas where shipbuilding is in progress; are they adequate?

Mr. GREEN. Deplorable in most spots. For example, I will cite to you one that is now a matter of record. Mobile, Ala., where people are living in huts. I am talking about that area now.

Senator PEPPER. Yes.

Mr. GREEN. They are being evicted from their homes because of real estate sharks who connive in some way or another to get around the rent ceiling by having people put down \$25 to make the transfer in buying the home and then charge anywhere from \$60 to \$70 a month rent. The housing conditions in Chickasaw and in Mobile—I cannot say for New Orleans, because I did not survey that too much, but the other shipyards in Mississippi and in the Houston area are in a deplorable state insofar as housing is concerned.

Senator PEPPER. What have the manpower authorities done with respect to providing adequate housing conditions in those communities?

Mr. GREEN. Sir, I told you—the record will speak for itself—I have used everything at my command to convince them. I have fought with the Navy, fought with the Army, and I have fought with the Maritime Commission, and up until this time they tell us that they cannot release essential materials for housing.

Senator PEPPER. Who told you that?

Mr. GREEN. Those representing the Housing Authority on the War Production Board.

Senator PEPPER. Do you know whether there has been any integration of authority, or, rather, any reconciliation of these various interests by any essential authority, that is, to decide how much critical material can be allowed for housing facilities in these areas and how much will have to go into the making of implements of war?

Mr. GREEN. I understand that they are preparing some plans for limited war housing.

Senator PEPPER. I wonder if the same authority which allocates material for guns, tanks, and implements of war also makes the decision as to the necessity for housing conditions, or whether or not the housing needs, the needs of the workers to have homes or quarters within which to live, are considered as a part of the raw material necessary for production?

Mr. GREEN. Up until the present time I have not been able to understand it that way.

Senator PEPPER. In other words, is there real coordination of authority, or do you find if you want a house built you have to go to one agency, and if you want critical materials for this, that, or the other, you have to go to another agency?

Mr. GREEN. Yes.

Senator PEPPER. There is such a division of authority that no one tribunal has authority to say, "Yes; I will allow so much to this, so much to that, and so much to the other" to keep the whole thing moving in harmony?

Mr. GREEN. No; it has been the policy here to shop and to do the best you can. Until such time as the whole thing is integrated we will still be shopping around getting nowhere.

Senator PEPPER. Does the Director of Manpower have authority to say to the Housing Authority, "You build so many houses at a certain time," and see to it that they get the materials with which to build them?

Mr. GREEN. I believe he has under Executive orders.

Senator PEPPER. Has it been exercised?

Mr. GREEN. Not up until the present time.

Senator PEPPER. Has the Director of Manpower authority to direct that wages be increased in a certain plant in order to keep the labor there?

Mr. GREEN. Well, as I say, we have been treating this in the boldest manner, and it is the Labor-Management Committee's recommendation to the War Labor Board, insofar as nonferrous miners are concerned, that their wages be raised somewhere in accordance with the level of the wages paid in the shipbuilding and aircraft industries.

Senator PEPPER. Is the War Labor Board subordinate to the jurisdiction of the Director of the Manpower Commission?

Mr. GREEN. Absolutely not, sir.

Senator PEPPER. So they are independent?

Mr. GREEN. That is correct.

Senator PEPPER. In other words, the Manpower Commission may find it is unable to provide workers in a given industry because the scale of wages set up by the War Labor Board will not attract the men?

Mr. GREEN. Yes.

Senator PEPPER. Does the Manpower Commission, for example, have any authority to do anything about working conditions in an area so as to make that attractive to men so they can keep them there?

Mr. GREEN. Up until the present time, I would say no, but I think they also have the authority. Somebody has got to have the authority, sir.

Senator PEPPER. You mean somebody should have the authority?

Mr. GREEN. That is right.

Senator PEPPER. Now, then, does the War Manpower Commission have authority to assure transportation facilities through United States rationing boards that may be necessary for workers in a given area?

Mr. GREEN. We have discussed all of these problems in the Labor Management Committee, and up until the present time we have not found out whether he has that authority or not.

Senator PEPPER. Does the War Manpower Commission have authority to give workers an immunity from prosecution or rather give those who might induce workers to come from one area to another immunity from prosecution in the several States?

Mr. GREEN. I do not believe they have, sir.

Senator PEPPER. Does anybody provide transportation to a worker who might be willing, for example, to come from Florida, we will say, to Mobile, Ala., to work in a shipyard? Does anybody offer him transportation to get over there and see that he has a ticket to come there, if necessary, to see that he has a priority on a bus or plane or train, and when he gets to Mobile see that he has a house to live in and a public conveyance or private conveyance to get to his job, and so forth?

Mr. GREEN. Absolutely. There is only one transportation paid to workers, that is the Higgins special from New York to Portland.

Senator PEPPER. That was done just by the initiative of the employer?

Mr. GREEN. Yes; but I understand that the men will have to pay that back.

Senator PEPPER. So, if I understand you correctly, the first job we have to do to solve the manpower problem is properly to organize and formulate governmental policies and a machinery that will take into consideration all these various elements, and then we will have to give sufficient power to the agencies set up to handle these problems to do the job, and then, as I think you very ably suggested, when adequate policies are formulated and adequate machinery is set up to carry them out, you find then that here and there and elsewhere sanctions are necessary, that is, the power to demand and require compliance is necessary, then is the time to talk about compulsion and coercion.

Mr. GREEN. That is correct, sir; but I want it thoroughly understood that even in Britain it is only a very slight compulsion. As I have tried to point out, they have depended more or less on the labor-management function to do the job rather than use the compulsion machinery.

Senator PEPPER. Well, Mr. Green, you have been immensely helpful to me. Dr. Lamb has some questions.

Dr. LAMB. Mr. Green, you are a member of the Labor-Management Policy Committee which has just submitted a report to Mr. McNutt who, in turn, has sent it to the President, according to the papers, but I take it from what you have said this morning that you would not consider that the recommendations made in that report are any substitutes for an over-all program of the kind outlined in your paper here, they are only a first step in that direction?

Mr. GREEN. Absolutely. The recommendations in that report are what will take care of day-to-day problems until such times as the proper integration and function machinery is set up.

Dr. LAMB. In other words, they are a sort of a larger scale example of the sort of poultice which you described in your paper?

Mr. GREEN. That is correct.

Dr. LAMB. With respect to the stabilization agreement, I take it from what you said that the wage stabilization part of the operations has worked reasonably well, whereas the other aspects of the job of stabilizing employment in the industry by provision of housing, transportation and adequate opportunity for upgrading have not worked satisfactorily.

Mr. GREEN. That is correct, sir, and may I state for the information of the committee that we have placed it on the agenda for the next meeting of the Shipyard Stabilization Committee to be held in New York on the 16th day of November. At the present time we have only stabilized the standard skilled mechanics' rates. We have not brought in line the intermediate classifications and the minimum rate throughout the country.

Dr. LAMB. So that what proportion of the million that you mentioned as employed in the industry would you say are now covered in?

Mr. GREEN. Well, 25 percent.

Dr. LAMB. Now, I believe that in the newspaper accounts of the statements of Mr. Herbert Morrison, it was stated that he had given a figure of double efficiency in Great Britain over the accomplishment in the shipbuilding industry in this country.

Mr. GREEN. In any country.

Dr. LAMB. In any country. You described what you think are the reasons why we are falling short. Would you summarize them briefly? Of course, your paper indicates it in general.

Mr. GREEN. Well, we have got to look to the background of this thing to get the proper basis for evaluation. I tried to point out to you that the employment in the shipbuilding industry has been raised from 50,000 to almost a million people. That was the available shipbuilding that we had. We had to train and bring others along. In Britain, what they have done, they have kept their shipbuilders intact. They learned their lesson from the last war, and their men are accustomed to it and they know the "know-how" of the industry. After all is said and done, don't pay any attention to these "high faluting" headlines about the production of certain people in this country, about shipbuilding being a mass-production industry. It is still, in my humble opinion, a custom-built industry, and it requires the "know-how" of the man at the bench and at the machine to get out the production. Britain has taken care that she has kept those men intact and she is getting production. That is what I would say was the main reason, plus the fact, as I have said, and I say it without fear of contradiction, that our industry is one of the most inefficient of all our war industries.

Dr. LAMB. In point of the use made of manpower?

Mr. GREEN. Exactly, and because of its background again. It was made up of interlocking directorates, who had no intentions of trying to go into shipbuilding on a production basis. They are operated on a time schedule, and we see that is true today.

Dr. LAMB. So you would say that although the labor efficiency was being stepped up, much more could be accomplished and accomplished along the lines of training, upgrading, and possibly in some instances transfers from yards where there was an oversupply of existing labor?

Mr. GREEN. Proper utilization of the man's ability to do the job. Place the men in the places where they can do the job best.

Dr. LAMB. And this you think requires a combination of Government inspection, a labor-management committee, supervision and suggestion?

Mr. GREEN. Exactly. We were hoping that the labor-management committee would be able to do that, but up until the present time we have failed.

Dr. WEBER. President Green, I meant to ask some questions of President Robinson and I overlooked them. As a matter of fact, I intended to ask every witness today about this question of farm labor. Can you tell me why the C. I. O. does not have a program which embraces the mobilization of farm labor?

Mr. GREEN. I believe, sir—and I am speaking now without any authority from the C. I. O., but as a member of the labor-management policy committee of the Manpower Commission—that no over-all plan can be worked out unless farm labor is integrated into the whole manpower situation.

Dr. WEBER. It is your opinion then that the principles which govern industrial manpower mobilization must include farm labor mobilization?

Mr. GREEN. You cannot leave any one section of the Nation out in an over-all manpower problem.

Dr. WEBER. Do you have explanation as to why the C. I. O., in its organization, has no manpower program for agriculture?

Mr. GREEN. I believe I can. Insofar as the farmers are concerned, they have about as many representatives as we have agencies here in Washington, and none of them have been coordinated so as to submit or to help draft a plan that will be suitable to the farmers.

Dr. WEBER. As you probably know, an amendment was passed by the Senate, 62 to 6, to the draft bill for the 18- and 19-year-old youth. Now, that amendment provides for the deferment of farm workers by Selective Service, when the Selective Service has determined that that farming occupation and the exercise of that occupation on that farm is essential to the war effort. If this amendment passes with this bill it will begin to establish a set of manpower principles in the field of agriculture which will make blanket deferments for certain farming occupations as the primary method of handling that problem. So far as anyone knows, no labor organization of the country has expressed its opinion on that amendment, despite the fact that it is setting the principles for mobilizing farm labor. It is because the farm organizations are pressing very hard on the question of mobilizing farm labor that it seems to me pertinent that labor organizations which in principle at least say that they speak for labor might take some interest in farm labor. I am sort of speechifying there, but as I understand it, your Labor-Management Committee in the War Manpower Commission did consider the importation of Mexican labor. Now, as I understand it, the Labor-Management Committee agreed to the importation of Mexican workers on the basis of certain considerations, one of which was the jobs should be offered first to domestic American workers. Do you know whether that was done by the Employment Service?

Mr. GREEN. Yes, sir. They said that they had made a survey.

Dr. WEBER. Who said they had made a survey?

Mr. GREEN. The Director.

Dr. WEBER. Mr. Corson?

Mr. GREEN. Mr. Corson. He said that it was impossible to get the help, despite the fact of our protestations that there was available at that time from statistics given to us as a committee some 200,000 farm laborers in Louisiana. They then brought before us the director in that area, who agreed that our information was correct, but that they needed about 50,000 more in about two weeks' time for the harvesting of the crops in that area, and it was foolish for the transport people to take them from there to California when they needed that help in Louisiana. They asked for 3,000, as you no doubt know, and the committee finally agreed to allow 1,500 Mexicans to be shipped into this country. I have just been informed here, Mr. Chairman, that a CIO affiliate, the Agricultural and Cannery Workers Union, has a plan to cover farm workers. I am not in a position to know about that plan.

Dr. WEBER. Might I ask about the second condition which was put down by the Labor-Management Advisory Committee for the importation of Mexican workers? As I understand it, it was that the wages paid to Mexican workers should be guaranteed to domestic American agricultural workers when their transportation was paid by the Federal Government. Is that correct?

Mr. GREEN. No; that is not correct. If my memory serves me, they did offer as high as 80 cents an hour in certain parts of the country to try to procure farm labor, and on the failure of getting them on that high rate then the Mexicans were brought in.

Dr. WEBER. Let me call this to your attention: At the present time, in Arizona certain cotton growers are refusing to pay the 30 cents an hour minimum for domestic agricultural workers. There has been a tremendous amount of pressure placed upon the Washington agencies in charge of this. There is some likelihood that the 30 cents an hour guaranteed to Mexican workers will be waived for domestic American workers. Is it your understanding that the Labor-Management Advisory Committee agreed to the importation of Mexican workers provided that the domestic workers were likewise guaranteed this minimum of 30 cents an hour?

Mr. GREEN. Exactly.

Dr. WEBER. Then, would you consider it to be a violation of the agreement of the Labor-Management Advisory Committee?

Mr. GREEN. Certainly.

Dr. WEBER. There is another item in the New York Times today, on page 35, which states:

Senator Downey of California said today that he considered a further importation of Mexican workers to be the chief solution of the western farm labor problem.

He voiced this opinion as the Senate Judiciary Committee prepared to consider President Roosevelt's request for powers to act in that direction.

While the President did not mention Mexican labor in his message to Congress yesterday, he asked authority to suspend laws which impeded the "free movement of persons, property, and information into and out of the United States." Congressional informants who preferred not to be named said his main purpose

was to obtain farm labor from Canada and from Mexico and other Latin-American countries.

Chairman Van Noy said the Judiciary Committee would give "prompt, careful, and sympathetic consideration" to any administration bill of this nature.

Do you consider that that subject is of any interest to the organized labor movement?

Mr. GREEN. I think it is, sir.

Dr. WEBER. Thank you.

Senator PEPPER. Mr. Green, we are very much obliged to you. Thank you for your message.

Mr. Driesen.

STATEMENT OF DANIEL DRIESEN, INTERNATIONAL REPRESENTATIVE, AMERICAN COMMUNICATIONS ASSOCIATION, CONGRESS OF INDUSTRIAL ORGANIZATIONS

Senator PEPPER. Mr. Driesen, you may state your name, your representation, and then whatever else you may desire to state.

Mr. DRIESEN. My name is Daniel Driesen. I am the international representative of the American Communications Association affiliated with the C. I. O.

The communications systems of our Nation today constitute a rapidly developing bottleneck to war production. In the telegraph industry this developing bottleneck is due to a chaotic manpower situation. In the telephone industry this developing bottleneck is largely due to lack of planning for the most adequate utilization of critical materials. Both of these are symptoms of a lack of over-all planning for the communications industry to meet the war needs.

In order to understand the effect of lack of planning on the manpower situation in the telegraph industry, it is necessary to describe briefly the present situation within the industry. The communications systems of the United States might be described as the nervous system of our Nation at war. Without efficient, rapid intercity communications, it would be impossible to coordinate our vast production effort. It would be impossible for the Government to exercise the necessary measures of control over it. It would be impossible for our armed forces to function without it. Any impairment in the efficiency of communications has a disruptive effect on the war effort of the entire Nation.

Today telegraph service is in a state of rapid and dangerous deterioration. The over-all average speed of service, from point of origin to destination, of a full-rate telegram sent over the lines of any of the telegraph companies in the period from 1926 to 1929 was about 20 minutes. The over-all average speed of service of telegraph today is conservatively estimated at 2½ hours, with a large percentage of messages being delivered after 3 hours and some after 24 hours. This deterioration of service has been accompanied by an enormous increase in the number of errors, misdirected, and mutilated telegrams.

As indication of the effect of such telegraph service on the needs of the armed forces can be seen from the following examples which are culled from among many which have been called to our attention, and, incidentally, which we have called to the attention of the Federal Communications Commission and the Board of War Communications.

Messages from the Chief of Staff to General Douglas MacArthur which have been delayed for over 14 hours.

Messages to the First Fighter Command in New York City regarding air-raid warnings which have been delayed more than 1 hour.

Complaints by the commanding officer of the Army Medical Depot in St. Louis of continual delays.

Continual delays in messages to and from the Fourth Corps Area in Atlanta.

Delays of more than 10 hours in messages to and from the Ninth Corps Area in Utah.

Delays and mutilations in messages to the Coast Guard Headquarters, Washington, D. C.

As to the effect of such delays on war production, it can be said that there is no war plant in the entire country which has not experienced the hampering effect of delayed telegraph service on its production goals. The following are merely a few examples.

The Machine Tool Industry in Cincinnati: Continual delays on messages to and from every single machine tool plant in the city.

The steel industry in St. Louis: In the month of August the Scullin Steel Co. sent telegrams to a large number of employees notifying them of a change in shifts. Delivery of the messages was delayed so long that an entire day's work was lost. A spokesman for the Scullin Steel Co., commenting on this incident in the St. Louis Globe-Democrat for August 28, stated, "We might as well send out penny post cards as to get that kind of service from the telegraph companies." Incidentally, a similar incident was reported in connection with the U. S. Cartridge Co. in the same city.

The aircraft industry in Baltimore: Innumerable instances of delays of messages to and from the Glenn L. Martin Co. can be cited. Similar instances reported in connection with telegrams of other aircraft companies throughout the country.

The major reason for this deterioration is the chaotic labor supply situation due to the substandard wages and the lack of a program of labor recruiting and training.

Wages: The national average wage for all Postal Telegraph employees, excluding messengers, is the fantastically low figure of \$0.4973 per hour. The average hourly wage for all manufacturing industries in the United States for July was \$0.85, or 71 percent above the Postal average. The average for durable goods industries in which most war production is concentrated is \$0.946 or 90 percent above the Postal average. Not only is the national average for all manufacturing industries 71 percent above the Postal average, but in 24 States not one single Postal worker receives an hourly wage as high as the national average.

Western Union wages are on the average 25 percent higher than Postal Telegraph. They exhibit the same trend in a slightly less exaggerated form.

Turn-over: Before examining the turn-over situation in this industry it should be emphasized that the telegraph industry is almost unique in the proportion of skilled workers it requires and in the split second integration of a far-flung chain of operations that is necessary for the speed of service which justifies the existence of the industry. Both the necessary skill and the smooth participation in a complex series of

operations frequently carried out at a distance of hundreds and thousands of miles can be carried out only through actual telegraph experience.

I have a table on the turn-over in Postal Telegraph, 1942, which will submit for the record, with your permission.

Senator PEPPER. It may be inserted in the record.

(The table referred to is as follows:)

Turn-over in Postal Telegraph (1942)

(Sampling—33 cities)

City	Number of employees reporting	Average seniority (years)	Average weekly postal wage at time of leaving	Average weekly wage on new job at time of reporting	Average wage increase (percent)
Albany, N. Y.	7		\$25.45	\$41.43	62.8
Atlanta, Ga.	33	4.5	17.48	28.62	63.7
Baltimore, Md.	18	6.3	19.59	32.94	68.1
Birmingham, Ala.	8	3.9	17.16	28.13	63.9
Boston, Mass.	32		18.71	36.46	94.02
Buffalo, N. Y.	19	3.6	18.61	35.40	74.8
Chicago, Ill.	106	1.7	15.26	25.41	66.5
Cincinnati, Ohio	30	2.0	13.54	20.62	49.0
Cleveland, Ohio	4	6.5	24.59	50.58	105.7
Columbus, Ga.	4	1.25	12.31	38.25	210.7
Denver, Colo.	9	9.4	19.07	36.88	61.9
Des Moines, Iowa	8	10.4	26.63	45.88	72.3
Fresno, Calif.	5	1.3	14.78	28.79	94.8
Indianapolis, Ind.	11	3.8	19.71	28.77	45.9
Kansas City, Mo.	28	7.1	19.60	35.50	81.1
Louisville, Ky.	4	9.4	20.17	32.81	62.7
Los Angeles, Calif.	10	5.8	20.29	35.32	74.3
Memphis, Tenn.	18	4.7	15.72	28.61	82.0
Miami, Fla.	27	5.3	16.62	31.26	88.1
Milwaukee, Wis.	5	8.7	17.42	35.90	106.1
New Orleans, La.	12	5.1	17.52	29.55	68.8
New York, N. Y.	21	4.9	19.20	31.90	66.1
Philadelphia, Pa.	37	7.9	19.23	30.82	60.3
Portland, Maine	39	2.5	15.40	23.75	54.2
Providence, R. I.	5	12.4	26.08	52.70	102.7
Raleigh, N. C.	4	7.25	20.63	47.50	130.2
St. Louis, Mo.	5	13.30	20.70	55.9	169.9
San Francisco, Calif.	9	5.6	20.83	30.28	45.4
Sarasota, N. Y.	67	2.5	17.70	28.18	87.5
Syracuse, N. Y.	16	10.1	18.59	49.37	165.0
Tampa, Fla.	11	5.6	16.66	31.82	93.8
Waterbury, Conn.	2		12.09	26.00	115.7
Total	683	4.4	17.68	31.10	75.9

Mr. DRIESEN. Resignations in Postal Telegraph, excluding messengers whose quit rate is over 400 percent, in 1940 were under 20 percent, in 1941 about 33 percent, and in 1942, if the rate for the first 8 months continues, it will be about 63 percent. In order to get behind these cold figures, the Union asked its locals to try to find out from those members who left the company for other jobs after January 1, 1942, why they left, what jobs they went to, and how their present pay compared with the wages they were receiving at the time they quit.

We received reports from 683 workers in 33 cities with an average seniority of 4.4 years—clearly a good sampling though by no means a complete list of quits. I would like to submit for the record a summary of this data by city. It will be observed that the average weekly wage at time of leaving Postal was \$17.68, and at the time of reporting to the new jobs \$31.10—

Senator PEPPER. Were those men, women, or boys?

Mr. DRIESEN. Men and women, excluding messengers. That was a gain of no less than 75.9 percent.

The tragedy of the Postal quit rate stands out in even sharper relief when we examine where these people go. Only 20 of them went to other communications companies, whereas at least 58 went into non-war enterprises. The rest are distributed among the Army and Navy—civilian jobs—civil service, airlines, railroads, and various war industries. The important point is that many, the exact percentage is not determinable, have not only left the communications field but are doing work completely unrelated to their telegraph experience. Many a skilled operator is a welder. His skill as a telegrapher has been lost to the war effort.

It is hardly necessary to examine the specific language in which these people state their reasons for leaving Postal. They repeat, "More money," with a despairing monotony.

It is highly significant that this average wage increase of 75.9 percent still did not bring these 683 workers to the national average of \$38.52 per week for all manufacturing industries. In other words, it is not labor pirating, unusual job opportunities due to special local conditions, or other factors usually ascribed to a tight labor market. On the contrary, in merely going to other jobs that are still well below average in their remuneration, these communications workers received what amounts to a wage increase of 75 percent. And, mind you, these are workers who have been belatedly recognized to be in the critical category.

We say quite frankly that it requires a tremendous sense of responsibility to their country on the part of the present staff to remain at their positions under present conditions. Only the patriotism of these workers and the leadership which the C. I. O. has given in its effort to bring about a conversion of the industry to a wartime basis have prevented the present high turnover rate from reaching the astronomical proportions—400 percent to 500 percent—which already prevail among the messengers.

Training: Immediately linked with the turnover is the problem of recruiting and training replacements. The telegraph industry today is seriously understaffed. An indication of this can be seen from the situation in the New York office of the Western Union Telegraph Company, the largest telegraph office in the world.

The traffic superintendent in the main office of Western Union estimates that he is short 100 operators. Of course, shortage is related to the standard of service which the company strives to attain. We estimate that on the basis of obtaining a speed of service of 20 minutes, which was attained in a previous period, this shortage is far greater.

In the plant department in the New York main office of Western Union, which has the job of repairing and maintaining equipment, it is estimated by the production committee of the New York local of American Communications Association that an addition of 30 percent of the total plant force in New York is necessary to avoid the present situation of frequently occurring breakdowns in plant and equipment. Incidentally, in the repair shop which repairs and constructs telegraph printers and other Western Union equipment, in the past year over

219 people quit—while there are only 16% on the staff—a turn-over of over 150 percent. Incidentally, some of these people had as high as 20 years' seniority.

To further illustrate the shortage we might point to a letter of August 28 from the general manager of the Metropolitan Division in Western Union, urging the commercial employees to come in at night and help out in the traffic department because of the unbearable burden on the regular employees.

A further indication of the situation might be seen from the fact that hours of overtime work increased among the operators in the New York office by 230 percent subsequent to Pearl Harbor. Operators in some cases work as many as 90 hours a week. Of course, the result has been a greater degree of absenteeism as the people crack up under the strain.

In view of the shortage presently existing, it is all the more urgent that employees who leave be replaced promptly with adequately trained, efficient personnel. Obviously, that is impossible under the present wage scales. But a contributing factor which greatly aggravates the situation is the lack of a training program to meet the needs of the industry.

The history of the efforts of our organization to induce the responsible Government agencies and the companies in the industry to evolve a training program for the industry is very illuminating in this connection. On January 20, 1942, at a meeting of the Management-Labor Advisory Committee of the Board of War Communications, the labor members of the committee proposed that an immediate survey be made to determine the predictable projected personnel needs of (a) the industry, (b) the armed forces, and (c) the Office of Civilian Defense. It was also proposed that a survey be made of existing available skills and of existing training facilities. It would then be possible to map out a recruitment and training program to meet the war needs of the communications industry.

This fairly simple procedure evoked little interest from the estimable industry representatives. Since Mr. Joseph Selly, President of the American Communications Association, had indicated a burning interest in this question, it was suggested that he make inquiries of the various groups mentioned above as to the feasibility of such a program.

In an interview with the assistant to the Chief Signal Officer of the Army, we were told that the companies were furnishing everything necessary along these lines. In fact, everything was just dandy. On that very day the Army was running advertisements in the press, street cars, and so forth, for 20,000 skilled communications workers to man air-raid interceptor apparatus and other military communications facilities. The Chief of Communications in the Navy indicated that the Navy program was quite adequate at present and that there was no need to estimate future requirements.

In the meantime, local draft boards were inducting into the Army many of the most highly skilled workers in the entire industry. It was only at the recent date of October 12, 1942, 10 months after the outbreak of war, that General Hershey issued a bulletin classifying various categories of communicating occupations as essential. It was only at this late date that, according to Selective Service Bulletin No.

7, "the War Manpower Commission has certified that communications service is an activity essential to the war effort." It took them 10 months to find that out.

There still has been no survey made to determine the over-all availability of personnel in the communications industry. It should be pointed out that lack of planning to provide available manpower is particularly inexcusable in the communications industry, where it is possible to predict with a fair degree of accuracy the future requirements of the industry.

It is a well established fact that the volume of intercity communications traffic normally increases in direct proportion to the increased volume of production. I might add that the volume of intercity communications, telephone and telegraph, is as good an index of rapid production as the car lines. By projecting the program for increased production necessitated by the war effort, it is possible to project the increase in communications traffic which will be required contingent on the increase in production; and it is then possible to estimate the amount of personnel necessary to handle that increased traffic with the requisite efficiency and accuracy.

Our union, in testimony before the Senate Committee on Interstate Commerce in April, projected these anticipated increases in graph form without undue difficulty.

It is also important to note that, although the telegraph industry today is a bottleneck to war production due to serious understaffing in the industry, there is no shortage in any community of the United States of available manpower capable of performing 95 percent of the functions required in this industry. This is true because at the present time a majority of the workers in this industry are women and there are no functions within the industry except that of lineman which cannot be performed by female labor.

With a correct training program adequate personnel can be obtained to man the communications industry. In addition, many of those who have left the industry and are working in occupations where they do not use their specialized skills can be induced to return to their proper places in the war effort once the wages are stabilized.

We need only point to the example in the maritime industry where, with the cooperation of the maritime unions, the War Shipping Administration has thus far been successful in obtaining the voluntary return of essential workers to the maritime industry—and we might add where they face innumerable dangers.

Of course, this brings us to the relation of morale to manpower. We have had numerous cases of workers who have left the communications industry to go to other industries because they wanted to take a more active part in the war effort. Such an attitude is a reflection of the business-as-usual attitude of the companies and the failure to grasp the problems in the industry on the part of the responsible Government agencies.

As for freezing workers to their jobs in the communications industry, here truly, as Mr. Murray has said, a job freeze simply freezes chaos. Further, to freeze workers within an industry which has failed to pay a wage which would enable the workers to maintain health and function efficiently would merely accentuate the present rapid deterioration of this vital war industry.

Our Union has sponsored and has given every possible support to the formation of labor-management production committees in every telegraph center in the Nation. The reports from these labor-management meetings reiterate again and again the sound practical steps which must be taken to gear the communications industry to the war effort. Our Union has a production program which we believe will do the job. I wish to state the five points of this program—and this is merely an outline:

1. Service goals must be set on the standard of 20 minutes' service from sender to receiver.

2. All traffic not vital to the war effort must be eliminated.

3. A program of labor recruiting and training to provide an adequate supply of efficient personnel must be immediately undertaken. The rehabilitation of existing plant and equipment must be immediately undertaken. I might add that as the result of the inadequate labor supply of the plant, this industry has deteriorated terrifically in the last period.

4. Wages must be raised from their present substandard level in order to stabilize the industry by stopping the present disastrous labor turnover and to bolster morale.

5. The production program should be financed by Government.

I believe that the problem of manpower in the communications industry presents a concrete example of the need expressed by Mr. Murray to establish the necessary machinery for the integration of our procurement, production, and manpower agencies and resources under a unified directing and planning body. Such a chaotic picture in a vital war industry would not be possible in a planned over-all production program.

I might add that the manpower situation in the telegraph industry described above is the heart of the production problem in this industry. Yet it has been treated thus far as an incidental question which involves the special interests of the labor unions involved.

The facts which I cited above are now available as the result of a special study of the speed of telegraph service made by the Federal Communications Commission at the request of the Board of War Communications. This study was made after repeated requests by our organization.

But we learn from industry sources, who by the way seem quite familiar with the contents of the report, that the report is a military secret. When I speak of industry sources, I mean the industry magazine in the field of telephoning and telegraphing, and a special letter of the industry called "Daily Communications Report", which is described in detail in the conference on this report, but nobody announced that this report "is a military secret."

Thus, when the facts are presented by labor they receive the well known brush-off. When they are presented by a Government agency, they become a military secret.

But the fact remains that 10 months after Pearl Harbor there is still no production program for the communications industry.

Senator PEPPER. Well, we thank you very much for that very comprehensive statement and for coming here this morning to give it to us. I believe I will not detain you to ask questions now, since you have made such a full statement as you have.

We will adjourn to 2:30 this afternoon, at which time there are two other witnesses to appear.

(Whereupon, at the hour of 1:05 p. m., the committee recessed until 2:30 p. m. of the same day.)

AFTERNOON SESSION

(The committee reconvened at 2:30 o'clock, pursuant to recess.)

Senator PEPPER. The committee will be in order.

Mr. Driesen, will you come forward, please?

STATEMENT OF DANIEL DRIESEN—Resumed

Senator PEPPER. Mr. Driesen, I was very much interested in the comprehensive survey you presented this morning of the American communications industry, and thought your analogy of it to the nervous system of the body was very apt.

In your statement about the wage level in the communications industry you were referring only to telegraphic—

Mr. DRIESEN (interposing). That is right.

Senator PEPPER. Not to telephone?

Mr. DRIESEN. No.

Senator PEPPER. The wage level in the telegraphic industry, being low as compared to other industrial averages, raises a very interesting question. First, whether a good bit of this manpower problem cannot be solved by adequate wage inducements, not excessive but reasonable wage inducements relative to other wages that might be attractive to the worker.

Now that raises, in turn, another question, whether the wages should be raised in the industry from which migrations begin to appear, or whether the wages should be held down in all the other avenues that they might enter. That would probably be a job for the Office of the Director of Economic Stabilization. But if the wages were to be raised in the industry from which the migration was about to occur, where the level was low, then the question would arise as to whether Government subsidy should be required or whether the public should be required to pay more for the services rendered, or whether management should be required to cut more deeply into its dividends and reserves for the purpose of meeting those wages, would it not?

Mr. DRIESEN. That is right.

Senator PEPPER. So if it were a question of whether increased rates should be adopted, that is one category of powers that must be employed; and if it were a question of adjusting wages between industries, of course that is another power that must be used; and if it were a question of subsidy, then of course the authority that deals with the subject has to have the power to carry through the commitment for a subsidy, does it not?

Mr. DRIESEN. That is right.

Senator PEPPER. Even that little aspect of the matter indicates, does it not, the broad scope of the powers that must be in the hands of one who would effectively deal with this problem?

Mr. DRIESEN. That is perfectly true. It is our opinion, however, that the agencies responsible for the efficiency of operations in the communications industry, namely the Federal Communications Commis-

sion, and to a lesser extent the Board of War Communications, have not exercised the power they now have to evolve a production program and to indicate the things which are necessary and which can be done to make our communications systems function effectively.

Senator PEPPER. Well now, there again if they are to do that job of making our communications systems effectively function, they have got to have broader powers to do the things necessary to the accomplishment of that job, have they not?

Mr. DRIESEN. Yes, sir; but you see in the communications industry, under the war powers delegated to the President by the recent amendment to section 606 of the Communications Act of 1934, the President, or his delegated agency, can now take the appropriate steps, which they have not taken. In other words we have a miniature of the lack of control and centralization that you require throughout the industry, we have a miniature of that situation in the communications industry.

Senator PEPPER. You think, then, that the Government already has the power to effectively deal with the problems in your industry but that it is not exercising that power?

Mr. DRIESEN. That is perfectly true.

Senator PEPPER. And it has failed principally in not devising a sufficiently comprehensive plan?

Mr. DRIESEN. That is true. Further, we think that the plan has been presented to the Government by labor and that this plan is very comprehensive, but there has been no consideration of it by either the War Production Board, Communications Branch, or the Federal Communications Commission.

Senator PEPPER. Well, to a considerable degree is it not proper to say that the Government is actually the employer, or rather the one that is footing the bills for the communications industry?

Mr. DRIESEN. Well, not at the present time. I would put it this way. What we are concerned with is communications facilities that the Government must have to prosecute the war.

Senator PEPPER. I mean, aren't most of the messages, in dollar volume, related to the conduct of the war?

Mr. DRIESEN. Yes; very definitely.

Senator PEPPER. So after all the Government is paying the bill, isn't it?

Mr. DRIESEN. Yes; very definitely.

Senator PEPPER. So that it is not today strictly a question of collective bargaining, as in the normal case, but a matter of the determination of the national policy?

Mr. DRIESEN. That is correct.

Senator PEPPER. A policy that will so stabilize wages, for example, in that industry, as to bring them in such harmony with other activities as to make the employment encouraging and attractive to its own employees so that they won't leave it?

Mr. DRIESEN. Well, it happens in this particular case that the effective working out of collective bargaining relationships, the history of the effective working out of these relationships, has aided in the development of a production program and in keeping essential workers in the industry. A large part of the disorganization of this industry is due to the fact that, frankly, the industry isn't completely organized and that you don't have—

Senator PEPPER (interposing). You say that the industry is not completely organized—

Mr. DRIESEN. It isn't, that is right, and you don't have the implementing value of collective bargaining.

Senator PEPPER (continuing). To what extent isn't it organized?

Mr. DRIESEN. Well, the Western Union Telegraph is not completely organized and the Bell Telephone is organized very loosely, a federation of independent unions.

Senator PEPPER. Wouldn't there be some way whereby the industry either could become organized as to its employees, or the employees could, in some way, indicate to the management and to the Government, or to the Government, that if they had a reasonable raise in wages they would obligate themselves not voluntarily to separate themselves from their jobs?

Mr. DRIESEN. Very definitely. The employees in this industry have already done that.

Senator PEPPER. I wonder if, in all other, or if in many other industries, the same thing couldn't be done. For example, in an industry that is well organized, where most of the employees are members of responsible unions, why wouldn't it be possible for the Government and those unions to enter into an understanding or agreement whereby, upon their being allowed reasonable wages in relation to other industries similarly serving, and reasonably satisfactory working conditions and the like, and given certain recognition by the employer, they would be willing to agree that they would not attempt to detach themselves from their employment without the permission of their union, working with the Government?

Mr. DRIESEN. Well, it is certainly correct, and we have a very good example of that as I pointed out, in the maritime industry.

Senator PEPPER. Do you know in how many industries such a plan is being worked out?

Mr. DRIESEN. I only know of that one industry, the maritime industry.

Senator PEPPER. So that something like that might be one way of avoiding the necessity of a coercive freezing order, and might bring about a much better morale among the workers if it were worked out on some comprehensive plan?

Mr. DRIESEN. That is right. This communications industry is a particularly good example of a situation where a freeze at the present time would literally create chaos.

Senator PEPPER. So from what I understand you to say, if a worker leaves your industry and goes into another, then he has to be trained twice, he loses the benefit of the training he had in your industry, and he has to be trained all over again in the other, and there is an economic loss?

Mr. DRIESEN. That is true; and also I would like to emphasize a point I didn't make in my presentation, and that is that the workers in this industry have a great deal of seniority, and when you get workers with 20 and 30 and 40 years' seniority leaving the industry it is simply because they don't get enough wages to maintain themselves, and that is the sole reason.

Senator PEPPER. So that you would say that the manpower problem is very directly affected by the matter of the stabilization of wages, and you might say working conditions, between industries?

Mr. DRIESEN. That is true.

Dr. WEBER. What proposals has your union made to straighten out the present chaotic wage situation in this industry?

Mr. DRIESEN. Well, we presently have two major cases pending before the War Labor Board, one in Postal Telegraph, nationally, and one in the Western Union in New York City, which is the largest telegraph office in the world, employing about 7,500 people, and we have made comprehensive proposals for wage stabilization in this country, and incidentally the proposals in neither case would entail wage increases to the point where these workers would get as high wages as the national average in the durable goods industries.

Dr. WEBER. Does the Federal Communications Commission have anything to do with the acceptance or the institution of wage stabilization agreements in the communications industry?

Mr. DRIESEN. No; the Federal Communications Commission has no data that—

Dr. WEBER (interposing). Does it have any authority? That is to say, I want to know how many various agencies you have had business with. One of the witnesses this morning explained that what goes on in Washington might be called shopping around from window to window and agency to agency. At how many agencies has your union shopped in connection with this problem?

Mr. DRIESEN. I have been shopping on this very problem at the Federal Communications Commission, the Board of War Communications, the Communications Branch of the War Production Board, the Interstate Commerce Committee of the Senate has had hearings on the matter, and also the House Interstate and Foreign Commerce Committee; and the War Manpower Commission has been somewhat concerned with the problem. There are also several other agencies.

Dr. WEBER. The War Labor Board?

Mr. DRIESEN. Yes.

Dr. WEBER. Have you had any dealings with the Office of Price Administration?

Mr. DRIESEN. No.

Dr. WEBER. So all-told about six or seven agencies are involved?

Mr. DRIESEN. Well, we have had dealings with regard to the problem of getting tires for motor messengers, and there are several problems in this industry—we have had them up with the O. P. A.

Dr. WEBER. Does any single one of these agencies have the power to set up a unified program both for manpower and production, in communications?

Mr. DRIESEN. Well, they all have stated that they haven't.

Dr. WEBER. You mean that the six various agencies that you have dealt with all say that they have the authority to establish manpower programs in the communications industry?

Mr. DRIESEN. They say they have not the authority.

Dr. WEBER. None of them has the authority?

Mr. DRIESEN. That is what they say, they pass the buck to the other agencies. Just as a sidelight on that, the Federal Communications Commission has jurisdiction over the communications industry, and there are about 800,000 workers in the communications industry. The Federal Communications Commission doesn't have one single person

on its entire staff that makes any study of labor problems in this industry.

Dr. WEBER. You mean that the Federal Communications Commission has no data on manpower questions connected with this industry?

Mr. DRIESEN. Not only on manpower questions connected with the industry, but they don't even know the present types of labor in the communications industry. The forms which the companies report on were made up in 1919, and this industry has been completely revamped but there has been no change in these forms.

Dr. WEBER. Is there any agency in Washington which has manpower data on the communications industry?

Mr. DRIESEN. No.

Dr. WEBER. And this has been brought to the attention of all the agencies in Washington dealing with the question?

Mr. DRIESEN. Very vigorously.

Dr. WEBER. I notice from your statement that your union brought before the War Communications Board the lack of a training program in this industry in January of 1942.

Mr. DRIESEN. That is right.

Dr. WEBER. Have you attempted to bring this to the attention of the War Manpower Commission since its establishment in April of this year?

Mr. DRIESEN. No.

Dr. WEBER. Has the Federal Communications Commission or the War Communications Board made any—

Mr. DRIESEN (interposing). We did bring this to the attention of the War Manpower Commission because the Federal Communications Commission at one time employed a liaison man who has now left the Commission for the purpose of presenting our data to the War Manpower Commission. This particular individual left the Commission for another agency.

Dr. WEBER. And there is still no over-all training program in the field of communications?

Mr. DRIESEN. That is right, not only as far as private industry is concerned but as far as the needs in the armed forces are concerned.

Dr. WEBER. The armed forces recruit directly from the presently existing supply of communications workers?

Mr. DRIESEN. Well, I will give you a good example. In the city of Philadelphia on a particular day about 2 months ago every plant man employed by Postal Telegraph left Postal and got a job in the Signal Corps and that made Postal Telegraph's operations almost impossible for a considerable period of time.

Dr. WEBER. Would you go into a little detail on that? Do I understand correctly that you say that the Army has no training program in the field of communications?

Mr. DRIESEN. No; the Army has a training program but they also take people from private industry. Certain types of communications workers require considerable training, up to 5 years.

Dr. WEBER. But the Army is taking the present existing supply; is that correct?

Mr. DRIESEN. That is right. For example, the air raid detection work, radio communications, requires highly skilled radio engineers, and the Army has obtained most of these people from private radio companies.

Dr. WEBER. Are these skilled workers drawn into the Army on the basis of any plan of withdrawal?

Mr. DRIESEN. No.

Dr. WEBER. From civilian industry?

Mr. DRIESEN. No.

Dr. WEBER. Are they recruited on the basis of the voluntary choice of the individual?

Mr. DRIESEN. Very largely.

Dr. WEBER. Does the pay scale in the Army differ as much as \$10 or \$15 a week from what they are receiving in private industry?

Mr. DRIESEN. It is higher—I will put it this way. Let's first take telegraph and telephone. The civil-service rating for a telephone operator is \$1,280; for telegraph operator it is \$1,440 and \$1,620, and for a Morse telegraph operator it is \$1,820. That is the civil-service rating. These ratings are all higher than the starting wages in either Postal Telegraph or Western Union. They are at about the same level as the starting wages in Bell Telephone. The telephone rating in the Government is the lowest and about on the same plane as private industry. In the other categories it is higher. And Postal Telegraph and Western Union—particularly Postal in Washington, for example, has been little more than a training ground for Government operators who get their training in these companies and when they can pass a teletype examination they get a job with the Government.

Dr. WEBER. As I understand it, you say that the Federal Communications Commission has made some type of study. That is, on page 8 you say:

The facts are now available as the result of a special study of the speed of telegraph service made by the Federal Communications Commission at the request of the Board of War Communications. This study was made after repeated requests by our organization.

That study is of the speed of service, it is a production study?

Mr. DRIESEN. It is a production study and it also goes into the causes for the slow-down in the speed of telegraph service.

Dr. WEBER. And you indicate that this report is secret at the present time?

Mr. DRIESEN. Yes; the report was discussed in great detail in a journal, an industrial journal, called Tele-Communications Report.

Dr. WEBER. You mean that what is supposed to be the contents of that report was discussed in the magazine of the industry?

Mr. DRIESEN. That is right, and the last issue of the magazine of the industry reports that this report is now a military secret and cannot be revealed.

Dr. WEBER. That is to say that anyone who reads the magazine of the industry probably knows about as much about the report as the industry knows about it?

Mr. DRIESEN. That is right.

Dr. WEBER. Do you know why it is a military secret?

Mr. DRIESEN. Yes; the report, from the account of the industry itself, reinforces all our contentions on the chaotic production situation in this industry and the fact that it is mainly a manpower situation. The report says that. The report says that the allegations made that the Army military messages had been delayed, causing incal-

culeable losses of various kinds, is true. The information I give you there I culled from the industry journals, but the Government will not release this report to the public or to labor, despite the fact that we supplied the Government probably with very much of the information therein.

Dr. WEBER. So you are suggesting that what we have here is an industry very similar to a copper or nonferrous metal mine, where the industry is absolutely essential to the war effort and yet we are rapidly approaching a situation close to a break-down because of the manpower shortage, which in turn is based on the lack of a training program, substandard wages and other conditions which have not been dealt with by any of the agencies responsible?

Mr. DRIESEN. Well, to put it mildly, planning in this industry is in a very primitive state. The industry hasn't even isolated the problem which is rapid intercity communications. Now if you isolate the problem you will see that there are two kinds, telephone and telegraph. In telephone, any expansion requires enormous uses of copper. In telegraph, expansion is a matter of reallocation of manpower.

Yet the policy of the Government at the present time is to expand telephone and use critical materials and contract telegraph where no critical materials are involved. Mr. James Lawrence Fly in a radio speech last Saturday night indicated that that was the policy of the Government.

Dr. WEBER. Have you brought that to the attention of the War Production Board?

Mr. DRIESEN. Yes.

Dr. WEBER. Do they acknowledge that critical material such as copper will be used in that expansion?

Mr. DRIESEN. Oh, yes, very definitely.

Dr. WEBER. How many tons of copper are required?

Mr. DRIESEN. Well, I couldn't tell you offhand, but the telephone companies, of course, are the greatest users of copper in the country. I do know that to build the new transcontinental line required some 270,000 tons of copper, about one-eighth of the total civilian supply.

Dr. WEBER. And your suggestion is that rather than expand the telephone industry, the thing to do is to develop a manpower policy for telegraph which would permit it to handle the increased load without increased facilities?

Mr. DRIESEN. Yes; and also to plan the most effective use of both telephone and telegraph facilities. I do not in any sense wish to imply that we should curtail telephone.

Dr. WEBER. You are not suggesting that we should ration telephones?

Mr. DRIESEN. Well, that might be well too, but that is not the primary and most obvious thing to do right now.

Senator PEPPER. I think that is all. Thank you very much. That has been very helpful to us, Mr. Driesen.

Mr. Nixon, please.

Mr. Nixon, if you will state your name, the representative capacity in which you come, and then such statement as you care to make, we will thank you.

**STATEMENT OF RUSS NIXON, WASHINGTON REPRESENTATIVE,
UNITED ELECTRICAL, RADIO AND MACHINE WORKERS OF
AMERICA, CONGRESS OF INDUSTRIAL ORGANIZATIONS**

Mr. NIXON. My name is Russ Nixon, and I am Washington representative of the United Electrical, Radio, and Machine Workers of America.

I prefer, Senator Pepper, not to just read my statement, I would rather talk extemporaneously, although the substance of my remarks is contained in the statement you have.

Senator PEPPER. We will have your statement incorporated in the record, and you may supplement it by such comments as you care to make.

(The prepared statement of Mr. Nixon appears at the conclusion of his oral remarks.)

Mr. NIXON. As you know, the union I represent is engaged in the manufacture of electrical, radio, and machine equipment. We represent, under our contracts, something more than 450,000 people, and such corporations as General Electric, Westinghouse, General Motors Electrical Divisions, Allis-Chalmers, R. C. A., and some more than 800 other plants. We are principally in the fabricating end of the war production program.

By this time it will have been made apparent to you that labor's approach to this manpower problem is based principally upon its emphasis upon the inevitable interconnection between over-all war production planning and the specific manpower problem with which you are concerned.

It is our feeling that it is just impossible to approach this problem in a piecemeal fashion apart from the over-all problems of total mobilization of all of our resources. That fact, which has been emphasized to you, determines our approach to many specific pieces of legislation dealing particularly with manpower, and it is our position that no legislation is required at this time. We feel that existing powers, plus the possibility of the establishment of increased powers through executive orders of the President, are ample to meet the present pressing problems. For that reason, we take a position strongly opposed to immediate enactment of legislation.

For my own organization, I want to make it clear, however, that while we recognize this strong position against legislation at the present time, that does not necessarily rule out for the future the possibility or the desirability of legislative enactments. I say that because I think it is important that you and that the country as a whole understand that labor's sole objective in this whole question is the winning of the war. We don't have any other question of freeing ourselves from the control of legislation at the cost of the war effort; we don't have, and I believe this is general, any dogmatic allegiance to lack of compulsion except as we think that voluntary methods may be the best and most effective means of contributing to the war effort.

In part, the explanation of the reason why we oppose legislation now will be found in our evaluation of the reasons why legislation is being proposed in certain circles at the present time. I am referring now, of course, to rigid manpower-control legislation which has been

suggested, and, it should be clear, not to the type of legislation that you yourself have introduced.

I think that the first reason for the suggestion of this legislation in large part is that certain forces in the country seek to avoid the consequences of the necessary wage adjustments that would inevitably come from the establishment of stable labor market conditions. You brought this question up a few moments ago when you were questioning Mr. Driesen. I think it is common knowledge that in the past there have been created inequities in the wage structure of the country. Some manufacturers have been able to successfully fight off labor organizations, fight off the attempt to improve working conditions in their plants; in some areas, for various reasons labor standards have been kept as a substandard level. In a time such as the present, when there is a shortage of labor, generally speaking, in which there is a seller's market in the labor market, there is an inevitable tendency for these inequities to be smoothed out in an upward fashion, there is an inevitable tendency for the worker in a substandard plant or industry to want to go to the industry where he can earn the standard wages. And I am afraid that we have to recognize that there are thousands of employers who see at the present time the danger of the competitive advantage that they have enjoyed over the years through substandard wages, being suddenly wiped out, and for that reason there is a profound and basic drive coming from certain circles to substitute, for wage adjustments and wage stabilization, a program of freezing labor on its jobs.

They use the argument of inflation, in part, to offset any drive for upward wage adjustments, and then they propose freezing labor on the job.

It is our position that any constructive and effective manpower program must recognize, in a disciplined, organized fashion, orderly fashion, the role that wage stabilization must play. This is not inconsistent with the fiscal requirements of our country. It is not inconsistent with the necessity of stabilizing our economy from the standpoint of the danger of inflation, and it certainly is necessary that we avoid a situation in which we have certain workers working for a low rate compelled to stay on that job while they see their brother workers, merely because of an accident of their location, being paid at a higher rate. That will not contribute to the sound, solid morale that is required in this war effort.

Now a second reason for some suggestion of legislation, I believe—my organization believes—is that to properly handle this problem we must have total mobilization of all our resources for the war effort along the lines of the recommendations of the Tolan-Pepper bill, along the lines of the recommendations of the Tolan committee over a period of months. It must be recognized here that this type of an approach to the war effort means that we cast aside many of the traditional freedoms of American industry, we cast aside laissez faire guides in our economy to a very large extent, we cast aside the simple guide of profitability and replace it with the all-compelling guide of what is necessary to mobilize all of our resources for total war. We have to recognize that in doing this we create resentment and fear in the minds of many, many industrial leaders, and they seek,

I am afraid, to avoid the implications of total mobilization of all our economy through attempting to arbitrarily invoke rigid controls, and freezing on one part of that problem, the labor problem.

Now one other reason, in our judgment, why this type of legislation is proposed, particularly by certain groups in the administration, is in an attempt on the part of those elements in the administration to veil their own very serious failures with regard to our production, to veil those failures behind an emphasis upon the labor problem as such, and to imply that in some way Congress has been derelict by not having earlier passed manpower legislation.

We have to be pretty honest, I think, as we approach the anniversary of our entering into the war, and we have to recognize that after a year in the war, and after a good bit longer than that in the defense program, we are a long, long way from total mobilization of our resources, we are not in a position to render what we must render if we are going to play our proper part in total war. And that means specific failures down along the line during the past months, failures of O. P. M., failures of S. P. A. B., failures of the War Production Board. It means failure along the line, in many respects, of the Army, of the Navy, and of the Maritime Commission. It means failure of the War Manpower Commission in many vital respects. This, I think, has come to concern the people of this country to a very marked degree, and it is no longer possible for us to adopt a position that we are not succeeding in doing our proper job in war mobilization, but nobody is responsible for it. And I think the people of America are beginning to look for the person that is responsible, and I think that some people in Government circles, fearful of the resentment of the public, are seeking for some way to hide their own shortcomings, and have turned to that good, reliable whipping boy, labor, and they would apply the lash by applying compulsory labor-freezing legislation with its strong implication that not they, but somehow labor, is responsible for our failures to date.

Then in honesty, and in fairness to a lot of people, I think you have to add a fourth category, that there are some very honest, well-intentioned but misguided people who are proposing this type of an approach to the manpower problem.

As I said before, this union of mine, together with the C. I. O., has long associated itself with the type of proposals that have emanated from the Tolan committee, for centralized, integrated production planning. We continue to associate ourselves with that proposal and with those principles of operation. It is our feeling that at the present time this can best be handled through an Executive order of the President, that this is essentially a problem of the executive branch of Government rather than the legislative branch of Government.

Senator PEPPER. And you have no doubt in mind flexibility to meet varying conditions?

Mr. NIXON. We have in mind flexibility, and we have in mind speed as well. We also have in mind that the very nature of the problem, sir, is such that it is probably better to be handled by the Executive office of the President rather than by more than 500 Members of Congress attempting to deal with the problems of administering a victory effort.

I want to hasten to say this, that this in no way implies a lack of enthusiasm for the activities that Congress has been engaged in and a lack of enthusiasm for further actions from Congress on this type of question. I think there is no question but that Congress has a very significant role to play in analyzing critically this situation, pointing out the shortcomings, bringing to the people of this country what is wrong with our war-production effort, and telling the Executive about it, and bringing the pressure of the people, because they are the more direct representatives of the people.

Now it may be that if there is a resistance in the executive branch to meet these problems, the only solution will be through congressional action. It happens to be our opinion at this time that we still can move ahead in the executive branch of the Government with regard to manpower and with regard to total mobilization, more effectively through the executive actions of the Government, at least we are ready to try that and still want to try that rather than legislation. Now, that is a very frank statement of our considered thought on that.

Senator PEPPER. Of course, it would be merely a question of law and fact as to whether the executive does have, under existing statutory provisions, the authority necessary for an over-all and comprehensive program?

Mr. NIXON. That is true.

Dr. WEBER. You wouldn't have us think that the Congress and the Executive present the case of alternatives, would you? That is to say, if you were pressing for action in the executive branch of the Government, this does not automatically exclude pressing for action on the part of the Congress on the same general lines of action, does it?

Mr. NIXON. No; I don't think so; I think that we do have the practical problem of making a choice as to which is the proper place to proceed right now. I realize that what your question implies is action on two fronts on this thing, and I see no objection to it.

Dr. WEBER. Of course, if we make a casual study of the actions of the administration itself, it would appear that the first front upon which the administration always moves is the congressional front, that is to say, when there is any basic policy question before it, its first action is to turn and see what the Congress wishes to do, how the Congress will respond; and the limits to its action and the direction of its action, I think you will agree with me, frequently have been set by congressional opinion and tone, so—I just want to put in this suggestion to you—it seems not quite so effective to limit yourself to one branch of the Government in pushing the war-mobilization policy.

Mr. NIXON. Of course, Congress hasn't been inactive on this question up to the present time. The activities of the Tolan committee, the interest of Senator Pepper in these problems, has had an extremely significant or perhaps subtle influence on the administrative branches of the Government. I think we have to also acknowledge that what you might propose out of your wisdom in the committee, might be quite different once it had to face the varied currents of discussion on the broader forum of the Congress and Senate floor.

Senator PEPPER. At least Congress would have no desire to do anything that was already being well done.

Mr. NIXON. That is certainly true.

Senator PEPPER. And would feel it necessary to intervene by legislation only in case it was felt that there was a lack of legislative authority adequately to deal with the subject.

Mr. NIXON. Yes.

Dr. WEBER. I notice a sentence on page 3 of your statement:

Congress should bring its influence to bear on the executive branches for the proper actions of war mobilization.

I would take that to mean that Congress should bring not part but all, or as much as possible, of its influence to bear on the executive branches as it possibly could. The legislative path of action in Congress is its most powerful type of influence, isn't it?

Mr. NIXON. I think I have made my position clear that there are areas of operation in the administration of the war effort which are executive rather than legislative, and we seek to emphasize that distinction without in any way detracting from our emphasis upon the part that Congress has to play.

Senator PEPPER. In short, if the executive were already dealing with this problem in the comprehensive way that is proposed by the Tolan committee report, and by the legislation to which you referred as offered by Mr. Tolan in the House and Senator Kilgore and myself in the Senate, there would have been no necessity for Congress to concern itself with the problem?

Mr. NIXON. That is certainly correct.

I would like to make one other point. As you may know, my organization is represented on the Labor-Management Policy Committee of the War Manpower Commission through the person of our director of organization, James Matles. He authorized me to say here that it is the understanding of this committee that the proposals which it has recently submitted to the President through Chairman McNutt are interim proposals for the handling of the pressing manpower problems through the existing machinery, and that they depend upon and presume that the over-all type of reorganization of our war effort which is suggested by the Tolan-Pepper bill and by the Tolan committee's reports, will be forthcoming, and that that will change, then, some of the nature of the report that they have already given to the President.

Dr. WEBER. Mr. Nixon, what indications does your union have that those reorganizations will be forthcoming in the executive branch of the Government? If it is a military secret, don't tell us.

Mr. NIXON. If it was a military secret, I wouldn't know it. I can't tell you what assurances there are or what straws in the wind there are. I think that there is an important straw in the wind in the sense that the people are beginning to feel pretty strongly about this thing. The Manpower Commission, the Labor-Management Policy Committee, merely says that the issuance of this report to the President is based upon the presumption that these steps will be taken and that this reorganization will be forthcoming.

Dr. WEBER. In other words, the President understands from this report of the Labor-Management Committee that that committee supports the proposals, the reorganization proposals, made by the Tolan committee?

Mr. NIXON. I think he does.

Dr. WEBER. It is your impression that the Labor-Management Committee has seen the President and said that they supported the—

Mr. NIXON (interposing). They didn't see the President, they submitted their proposals to the President through Mr. McNutt, the Chairman of the War Manpower Commission, and it was their understanding in submitting this interim set of proposals that there must be forthcoming a reorganization of our war effort, which will integrate the various departments of Government along the general lines of the suggestions of the Tolan committee reports.

I would like to just indicate a couple of fields in which there is a very immediate need for some congressional action, without saying that these proposals are all inclusive. The first is with regard to the United States Employment Service. You may know that there has been a large survey on the registration of manpower. The United States Employment Service has been unable to analyze that survey for war manpower purposes because it has not been appropriated the funds by Congress. The solution of their difficulty is obvious. They need the money to do this job.

Then in addition, it must be recognized that the Employment Service of the United States is weakened by the fact that in actuality it is only semifederalized, that while it is supposed to be federalized there are provisions there which maintain in many States a primary allegiance of its personnel to the State officials rather than to the Federal officials.

Senator PEPPER. Did I understand you to say that the Congress had not responded to certain Budget requests?

Mr. NIXON. That is correct.

Senator PEPPER. Requests of the War Manpower Commission for appropriation of funds for the use of the Employment Service?

Mr. NIXON. That is correct.

Senator PEPPER. How much has the Congress failed to provide, and when was the request submitted?

Mr. NIXON. I am not just sure of the dates on that, sir. Do you know, Dr. WEBER?

Dr. WEBER. That was submitted to the Appropriations Committee hearings in the Senate sometime in the spring, along in April, shortly after the creation of the War Manpower Commission.

Senator PEPPER. Well, just a few days ago, I recall —

Dr. WEBER (interposing). There was a supplementary request, and whether that will be acted on is still uncertain, too.

Senator PEPPER. There was an appropriation bill a few days ago, a deficiency appropriation bill, that contained a rather large item of funds for the War Manpower Commission.

Dr. WEBER. But that fund was cut for the Employment Service from \$19,000,000 to around \$12,000,000, I believe.

Mr. NIXON. I wouldn't want to attempt to give you the details of that as to this particular situation, but my point is that the Employment Service has a serious problem of getting sufficient funds to take care of the immediate increased job that it has, and particularly to analyze this registration.

Senator PEPPER. Analyze what?

Mr. NIXON. This registration of manpower; it has the files.

Senator PEPPER. What registration of manpower?

Mr. NIXON. This is the registration of manpower which was taken, not long ago, of all the men between 18 and 65. It has information on their whereabouts and their skills.

Senator PEPPER. Are you talking about the selective service registration?

Mr. NIXON. Yes, sir; and the Employment Service has those records; has the records and would like to analyze them for manpower purposes.

Senator PEPPER. Well, those records do not include the womanpower of the country at all, do they?

Mr. NIXON. That is correct.

Senator PEPPER. Do you think you can adequately deal with the manpower problem without considering adequately the womanpower problem?

Mr. NIXON. No, I think that, as the President has indicated, it is extremely necessary to also have a similar registration for the womanpower of the country, but obviously if you can't analyze the results that you get on the registration of manpower, it doesn't do much good merely to take a registration of womanpower.

Senator PEPPER. Now, then, those registrations in some cases are rather old now, are they not? Some of them registered in the first draft.

Mr. NIXON. I think that would be the evaluation of the Employment Service, although I think the Employment Service should talk on this rather than myself, but they are still of considerable value.

Senator PEPPER. No doubt. But if a real inventory of the manpower resources of the country were taken, would it not, in your opinion, be preferable to have the Bureau of the Census do that with something like the thoroughness with which it conducted the 1940 census, so that it might bring up to date a complete and accurate record of the whole population, its skills and whereabouts?

Mr. NIXON. You are making a very basic point that we need to have an inventory of all our manpower, and I agree with you 100 percent; there is no question about that.

I would like to just say a few words about some of the individual experiences of our own organization among its 450,000 members, which has some relationship to this problem.

Throughout our experience in the field, it has been emphasized to us that there is a thorough lack of planned production, and that it has a direct effect upon the manpower situation. This lack of planning in a large degree is indicated, for example, by the fact that we have great excesses of manpower in some parts of the country, and in other parts of the country we have extreme shortages of manpower. The notorious problem of the New York area, and also in small business throughout the country is an illustration of this particular problem, and it is reflected in the manpower question by having in some places shortages of labor and in other places oversupplies of labor.

The lack of planning and the relationship of over-all planning to manpower is reflected, too, in the fact that we are now having lay-offs of workers all over the country.

Senator PEPPER. Because they haven't got jobs?

Mr. NIXON. Because they haven't got jobs and because there is either a shortage of materials or because of some lack of proper scheduling.

that they have been making a certain piece of equipment which is made up too far in advance, and our people are laid off. That is happening throughout the country in plant after plant, in the most vital war production plants that we have. Now that is a manpower problem, it reflects a lack of planning of manpower.

Senator PEPPER. And that situation also shows, does it not, the necessary correlation there must be between mechanical production and the use of raw materials and the use of manpower?

Mr. NIXON. Absolutely.

There is one other thing I want to point out to you, and that has to do with the degree of utilization of labor. It has been suggested by the Tolan committee that it is very desirable to have some kind of labor inspector; that in some way it is necessary to check and see whether or not manpower in a given plant is being fully utilized. I have to report to you that in a great number of plants throughout the country skilled men are being hired to do nothing; they are standing around inside plants with no work to do. Their employer is afraid to let them go because, if he does, they will go to some other plant or move to some other area for work, so he pays them a regular daily wage and they stay on the job and play cards and sit around and do nothing. We are getting reports of that from all over the country.

I don't need to tell you what this means in terms of war production, but I want to emphasize one thing of what it means in terms of the morale of our people. You just can't go to the country and tell our people, "Produce faster, work faster, we have got to have war production," and at the same time be laying men and women off of their jobs and at the same time having men hired for a job and doing no work.

In addition to that, of course, there are many situations in which skilled men are not having their full skills utilized, and this spreads throughout many, many plants over which we have jurisdiction, using only a very small percentage of their time at their highest degree of skill.

We have urged, from the very beginning of the program, that there be an integrated training program, integrated to the needs of production. That has never developed; it just doesn't exist in the country as a whole, and as a result we have idle machines because we don't have enough men trained to do the job, in some of the most important war production plants in the country. I am thinking of one, for example, in New England, where they make small tools of a very, very important type, a plant of more than 6,000 men, and I dare say if you were to average up the degree of use of the machine hours in that plant that you would find they are operating at less than 70-percent capacity because they don't have the manpower to do the job. They have a whole new section of that plant, with the machines standing there, not yet put to work because they don't have the manpower yet available to do that work.

Senator PEPPER. Well, Mr. Nixon, do those experiences and observations lead you to believe that the Tolan committee was right when it recommended the use of labor utilization inspectors so that they would know how efficiently the labor is being used in the various industries?

Mr. NIXON. That type of close check-up on war production is absolutely essential.

Senator PEPPER. For example, the Barnch committee recommended that we get more use out of our old tires as a method of adding to the rubber resources of the country. You are suggesting that by proper supervision and coordination and planning we could add to our manpower resources by utilizing more fully the labor we already have?

Mr. NIXON. That is true, and let's understand one thing, too, that the agencies of government have many inspectors in these plants, General Somervell, when he testified before the Small Business Committee, said he had 1,050,000 men working in the Services of Supplies, and they have inspectors throughout all the war plants. Yet they are not directed or trained to do this essential job of finding out whether or not we are getting the maximum in terms of production from the resources you have in a given plant. I say that because, with regard to this question, there is—

Senator PEPPER (interposing). Suppose the inspectors should find there is a shortage in one plant of manpower and a surplus in another; have they got any power to move them from one plant to another, furnish them with housing facilities, furnish them with transportation, and make arrangements for them to go over there?

Mr. NIXON. Of course there are no such arrangements and no such powers, and only in a few minds such as yours has there been a real conception of the need of that type of thing. Obviously they don't have those arrangements when they haven't even conceived of the necessity of inspecting.

Senator PEPPER. I have no doubt that General Somervell would be a very effective chief if he were head of an authority that was set up to handle the question of manpower, but with limited authority and means to tackle it, I don't know whether he is able to do the job effectively or not.

Mr. NIXON. There is one thing that labor can't understand, and that is that if these people are being held back from doing these things by the lack of power, or by the lack of some kind of help from Congress, it would seem to us that they would owe to the country and to Congress some kind of an indication of what they need, and we don't have that forthcoming from the war agencies at the present time.

(At this point Senator Pepper, due to a previous engagement, was forced to absent himself from the remainder of the session.)

Mr. NIXON. I would like to make two more brief points. One is with regard to what you might call new sources of labor; that is, new for war production. I refer to the utilization of womanpower, aliens, and Negro labor.

There just is no over-all direction, from a manpower point of view, to bring about full and adequate utilization of these sources of labor. Here and there throughout the country we have examples of increased utilization of women and of Negroes, and we boast sometimes about the degree to which we are doing things. Those boasts can be based only on an increase that is relative to a very small use at some time in the past, rather than to any type of realistic approach to the total effective utilization of these sources of labor.

Again to refer to this plant that I just mentioned a short time ago, there are only one or two Negroes out of six or seven thousand workers in that entire plant. As serious a problem of labor shortage as they

face there, they have not yet seen fit to really develop the utilization of Negro labor.

Not only that, they have only begun to scratch the surface on the use of women, and in all of this the discretion of how far they go, of what they do, in connection with this particular type of improved manpower policy, is purely up to their own discretion. There is no over-all governmental direction with relationship to this problem.

Now I would like to conclude by referring to the proposal of President Murray, and also of Senator Thomas, for the calling of a joint conference of labor, management and Government, to deal with this manpower problem in a voluntary way. I am not sure that the country as a whole appreciates the full significance of the consequences of the conference that was called last December 1941, supervised by Chairman Davis of the War Labor Board and Senator Thomas, for the purpose of arriving in a voluntary fashion at some agreement with regard to strikes in war industries. I am not sure that the public fully appreciates the fact that on a very voluntary basis this group met and evolved a policy which has been as successful a policy as one could have possibly hoped for, virtually solving, with a few exceptions, the strike problem for the war.

I mention this here because of the significant and, as I am told, decisive contribution to that conference made by Senator Thomas, the chairman of the Senate Education and Labor Committee, and because of the fact that it is an outstanding example of the potentialities of voluntary, cooperative action on this type of a problem. I think Senator Thomas is wise in urging it, and I think that President Murray is very wise in urging that type of an approach to the problem.

That concludes what I want to say.

Dr. WEBER. What function do you envisage by the labor-management committees in the plants, in manpower mobilization, Mr. Nixon?

Mr. NIXON. What was that?

Dr. WEBER. The labor-management production committees in the plants, what manpower functions do you think that they might well have?

Mr. NIXON. Are you talking about where the labor-management councils really function?

Dr. WEBER. That is right.

Mr. NIXON. In those very few, in the very, very great minority of cases where they have a real function, I would say that such a council might function first on the question of draft deferments within a plant, and that they might function with regard to labor utilization in cooperation with the so-called labor inspectors. They certainly have a most significant function to play with regard to training, because whatever else may be said, the men in the plant know that the men in the plant do the training. The training of new workers is done for the most significant part in the plant, on the job, by skilled workers who contribute their skill and their knowledge to the new man.

I wouldn't want to misguide the committee on this particular issue, into thinking that labor production councils are really of greater significance than they really are.

Dr. WEBER. What is their significance at the present time?

Mr. NIXON. Let me just say that their significance has been considerably exaggerated. In saying that, I don't say that they are not extremely important, that the effective functioning of management-labor production councils is not extremely important, that there are many cases where they are operating in a very fine fashion and making a very great contribution; but I am saying this, that perhaps in the vast majority of cases, in the vast majority of war industries, the joint labor-management production councils are just not functioning effectively, they either don't exist or where they do exist they have a paper existence in many cases, or if they have anything more than a paper existence they are dealing with minor problems and not with the basic problems of war production.

I think a Senate committee that is paying attention to this question should have the truth on that particular matter.

Dr. WEBER. So that out of 15,000 war plants, we would find management-labor production councils of some type in how many?

Mr. NIXON. I think the War Production Board reports about 1,500, although I am not sure of that figure.

Dr. WEBER. Of that number, how many do they think are effective?

Mr. NIXON. I hesitate to try and answer that question of how many they think are effective. I suppose the War Production Board thinks 1,500 of them are effective.

Dr. WEBER. What do you think?

Mr. NIXON. I hesitate to try to make a statistical indication. I would say it is a small proportion of them that are really operating effectively, I don't suppose a fourth of them are really operating effectively on the vital production problems they face in their plants.

Dr. WEBER. Is your union satisfied with the emphasis and support which the administration has given to the labor-management production committee drive?

Mr. NIXON. Well, the only support that we have had, of course, is a couple of speeches by Mr. Nelson and some rather ineffective and superficial gestures by the Labor Production Division in certain situations, which have really no effect. Where they have developed, they have developed on the basis of relationship between labor and management rather than because of any contribution on the part of the Government.

Dr. WEBER. So that, in the opinion of your union, the functioning of the present labor-management production committees and the initiative for their establishment, has not come primarily from the administration or from the War Production Board?

Mr. NIXON. Before Donald Nelson made his statement on war production councils, my union had approximately 100 such councils in operation. We were contacted by representatives of Donald Nelson before he made his speech, for advice as to how to make these things function. So obviously in our case, while his speech gave a certain kind of impetus, that speech has not been repeated either in terms of public utterances or in terms of any effectuation of War Production Board policy with respect to production councils.

Dr. WEBER. But at various times the spokesmen of organized labor in the country have met with Mr. Nelson on this subject, haven't they, and they have been given some indication that the administration would push the labor-management production committee drive?

Mr. NIXON. I suppose that the appointment of Mr. Marshall, of Westinghouse, as chairman of the War Production drive is a certain kind of evidence of that fact.

Dr. WEBER. When was he appointed?

Mr. NIXON. I would say 3 or 4 weeks ago.

Dr. WEBER. Do you know of any of those committees that at the present time are concerned with plant training, labor utilization, or occupational deferment? Are there any of them that have any part of those responsibilities?

Mr. NIXON. I think you would find that some of our committees are operating on those questions, but I would not say it was general. It must be understood that my union is extremely desirous of establishing these committees in effective operation, we think they are extremely important for the war effort, we think that they have an extremely great contribution to make.

Our concern is not in the lack of their potential contribution, but in the fact that that potential contribution has not been realized.

Dr. WEBER. Thank you.

(The prepared statement of Mr. Nixon is as follows:)

The winning of the war at the earliest possible date is the first objective of this union. It is with this in mind that we approach the manpower problem. Labor puts no other consideration before this basic objective, and its strong opposition to manpower-control legislation at this time is based purely upon what it considers to be in the best interest of the war effort.

The heart of labor's approach to the manpower problem is the understanding of the complete interdependence between manpower problems and a proper, planned program of total mobilization of all our national resources for the war. The manpower question cannot be handled piecemeal and apart from the larger war mobilization question, not merely because that would not solve the manpower problem, but also because it would fail to meet the basic problems of war production. This union is thoroughly opposed to manpower legislation at this time.

Proposals for legislation arise from various sources and for various reasons. First, proposals to freeze labor are forthcoming from reactionary business elements who would seek to avoid the consequences of wage adjustments to stabilize the labor market. In the past, various employers have succeeded, by numerous devices, in preserving substandard levels of wages for their employees. In a time like the present, these employees naturally would leave substandard wage jobs for work at standard pay. Consequently these employers foresee the loss of the competitive advantage they have gained as a result of years of successful struggle against labor organization and improvement of working conditions. Their only answer is arbitrary freezing of men on the jobs. They misuse the inflation issue to protect their privileged position of exploitation in arguing against elimination of wage inequalities, and, on the other hand, they urge the freezing of labor on low-paid jobs through legislation.

Second, some forces propose labor freezing legislation at this time in a desperate last-ditch effort to forestall the establishment of truly centrally planned mobilization of our national resources for the war. Such total mobilization inevitably invades the traditional fields of free activity of American industry. It limits free enterprise and does away with laissez faire control of the economy. It substitutes for the simple market guide of profitability the all-compelling objectives of total mobilization of all our national resources for use in total war. To avoid these consequences many interests are grasping at a straw in the hope that if only they can freeze labor perhaps they can avoid added regulation of their usual corporate freedoms.

Third, legislation is proposed at this time by certain administration forces who seek in this way to veil their own gross failures to organize properly the resources of the Nation for the war effort. It must be candidly recognized that almost a year after our entry into the war this Nation is yet far from having organized its full economic strength for maximum military efforts. The American people inevitably are asking themselves who is to blame for this failure.

The administration with its authority over the war agencies, the Army, the Navy, the Maritime Commission, the War Production Board, and the War Manpower Commission, has responsibility for the success or failure totally to mobilize our Nation. Some of the administration representatives, conscious of their own overwhelming failure, and fearing a deluge of public indignation as a result, seek to confuse and divert public attention from their own shortcomings to that old reliable whipping boy, labor. They would apply the lash through compulsory manpower legislation with its implication of labor's responsibility for what is in reality the failure of the administration in the field of war mobilization.

This union, with the Congress of Industrial Organizations in general, has long supported the general type of proposals to be found in the various reports of the Tolson committee, requesting centralized, planned war production. We continue to associate ourselves with those proposals. It is our present view that the objectives sought by the Tolson committee are best to be achieved through executive action, rather than through legislation. Indeed, it should be clear that war mobilization is a task of the executive branch rather than the legislative branch of government. Feeling very strongly that under the circumstances the manpower question should not be handled by legislation at this time, it should still be clear that the possible necessity of congressional action at some time in the future is not ruled out. Above all, it should be recognized that it is our view that Congress has a most important role to play, and must continue critically to evaluate the actions of the executive branch of government and point out its shortcomings. Congress should bring its influence to bear on the executive branches for the proper actions of war mobilization.

Above all, our approach on this problem must be understood in connection with our demand for an over-all reorganization of our war agencies in order to give fully integrated, central direction to the total mobilization of manpower and all other national resources for the war. This union is represented on the Labor-Management Policy Committee of the War Manpower Commission by its Director of Organization, Mr. James J. Mathes. I am authorized to say for him that the recent proposal of that committee, submitted to the President by Chairman McNutt, is understood to be an interim proposal to handle pressing manpower problems under existing machinery and in the absence of a general reorganization of war agencies. The proposal presumes that the necessary overall reorganization of our governmental war agencies along the lines of the Tolson committee's proposals will be forthcoming. This will put an end to the inexcusable and tragic jurisdictional competition and confusion between the War Manpower Commission and the War Production Board and other war agencies. This step must be made. It is our first and primary war production problem and is the absolutely imperative prerequisite to any stable and rational handling of the manpower problem.

Two actions which Congress might immediately take to improve the situation might well be pointed out. First, legislation strengthening the United States Employment Service is vitally needed. The United States Employment Service has taken a registration of manpower but has been unable to analyze these files because Congress failed to appropriate funds for this purpose. Furthermore, the United States Employment Service for various reasons still remains only semifederalized in actuality, and thus its operating effectiveness is weakened. These defects must be corrected. Second, the procurement agencies of the Government, Army, Navy, and Maritime Commission, particularly, should be required by law to follow the directives of the War Manpower Commission in the placement of their orders.

The experiences of this union, in its hundreds of plants throughout the Nation, bears testimony to the lack of any adequate program for the mobilization of our national resources. Training programs have not been developed in adequate size or scope. There has been no effective integration of the training program to the actual over-all needs of expanding war production and the expanding size of our Army and Navy. Machines lie idle because of the lack of trained men. The utilization of Negroes, aliens, and women proceeds in an utterly haphazard fashion, without effective, conscious direction from governmental agencies. Above all, the shortcomings of our over-all war production program have created serious manpower problems in the plants where our workers are employed. In some areas we have large pools of unemployed men and women. In other areas with overloaded contracts we have idle machines because of the lack of men and women. In still other plants, and these, unfortunately, are very numerous, as the result of the lack of balance in our war production program, skilled work-

ers are employed to stand around and do nothing, by an employer who hopes to be able to use them soon. Other skilled workers are not being used at their full skill.

Your discussion of the manpower problem is fortunate because it points out so clearly our shortcomings and our requirements. Total war requires total mobilization of all resources.

Dr. WEBER. Mr. Wishart, will you state for the record, please, your name, address, and official business connection?

STATEMENT OF JAMES WISHART, RESEARCH DIRECTOR, UNITED AUTOMOBILE, AIRCRAFT, AND AGRICULTURAL IMPLEMENT WORKERS OF AMERICA

Mr. WISHART. My name is James Wishart; business address, 411 West Milwaukee Street, Detroit, Mich. I am research director of the United Automobile, Aircraft, and Agricultural Implement Workers of America.

Dr. WEBER. You may proceed with your statement.

Mr. WISHART. I should be glad simply to submit the statement and have it made part of the record, to save your time.

Dr. WEBER. That may be done, but could you also summarize it orally in about 5 minutes?

(Mr. Wishart's prepared statement will be found at the conclusion of his oral remarks.)

Mr. WISHART. The statement is concerned primarily with the Detroit situation which differs in some material aspects from the situation in other areas where more critical labor shortages exist at the present time.

Up to approximately 2 months ago, Detroit was an area of actual labor surplus; we had large numbers of workers unemployed during the period of change-over from the automobile production to war production. So that the manpower problem in Detroit is a thing of comparatively recent development.

My statement indicates the anticipated increase in employment in Detroit war factories on the basis of projected production schedules up to the middle of 1943.

I will say very frankly that on the basis of the present material situation, and the shortages which in many cases are hampering the operation of war plants, that the total figure there for employment may be open to some question. I don't believe it will be quite as large as the prophecies we have received from the War Production Board would indicate.

However, it is very clear that at least 100,000 additional workers will be required in Detroit. Very large numbers of workers are being taken out of war plants through selective service. The city is tremendously crowded and no housing is available, and the manpower problem has become one of central importance in the whole question of war production in Detroit.

In brief, the position of the U. A. W. is that the pulling in of workers from outside of Detroit, from the farm region of Michigan, from other centers in Michigan, and from outside the State of Michigan, must stop; and that the increased labor force in Detroit must come primarily from available labor reserves in that city at the present time.

By that we mean women, Negroes, and we mean certain other minority groups which have not been drawn into the war production effort.

In addition to that, I think it is very important to emphasize a point that Mr. Nixon was speaking of some minutes ago, and that is the more efficient utilization of labor. I can supplement his testimony there by saying that in many plants hoarding of labor, particularly in the skilled classifications, is going on to a very high degree at the present time, and that in addition the curtailments, the slow-downs, created by material shortages, result in a comparatively low level of efficiency in the utilization of workers now employed.

I think that whole problem should be tied in very directly to the question of labor-management production committees; tied in also very directly with the problem of fuller and more effective labor representation—

Dr. WEBER (interposing). Could I interrupt you there? What is the status of the labor-management production committee drive in the automobile industry?

Mr. WISHART. The status of the drive there is very bad. I should say that there are not more than 15 or 20 plants in the industry in which there are any effectively functioning labor-management production committees.

Dr. WEBER. Whose plants are those?

Mr. WISHART. I could cite the Packard Aircraft Engine plants and marine engine division. Some progress has been made in the Ford plants. But with the exception of certain other of the smaller plants, that is, the plants of two or three hundred, there is nothing of the kind now existing or operating in the industry.

Dr. WEBER. Do General Motors and Chrysler welcome the idea?

Mr. WISHART. Mr. C. E. Wilson, if I remember the newspaper story correctly, had some very sharp criticism to bring forward against Mr. Nelson's proposal when that proposal was first advanced.

Dr. WEBER. What was that criticism?

Mr. WISHART. Specifically Mr. Wilson implied that the proposal of labor-management production committees would infringe on essential management prerogatives in the General Motors Corporation.

Dr. WEBER. Has your union made any representations to General Motors and Chrysler?

Mr. WISHART. Our union has consistently sought to establish these committees in the plants of General Motors and Chrysler.

Dr. WEBER. Do you have contracts with both of those companies?

Mr. WISHART. We have signed contracts, we have been carrying on collective bargaining in those plants since 1937.

Dr. WEBER. Does either General Motors or Chrysler advance any technical arguments in regard to engineering considerations and mass production methods, against the proposal for labor-management production committees?

Mr. WISHART. No arguments of that kind have been advanced. I might say in this case that through the initiative of our local unions, labor-management committees were smuggled into one or two plants of the General Motors Corporation. However, the functions of these committees were so restricted, so much diverted from basic production problems, that their value has been highly questionable, although I should say in all justice that in the Oldsmobile plant of the General

Motors Corporation, now engaged in ordnance production, there has been a certain amount of effective work done, although from the information I have that was without the knowledge of the higher administrative authorities of the corporation itself.

Dr. WEBER. Has either the automobile union or the C. I. O. made any representations to the War Production Board in regard to the establishment of labor-management production committees in General Motors or Chrysler plants?

Mr. WISHART. We have made consistent representations to various officials of the War Production Board—Mr. Batt, Mr. Nelson, Mr. Wendell Lund, and particularly to Mr. Ernest Kanzler in Detroit.

Dr. WEBER. Have those suggestions been acted upon by those officials; has any official W. P. B. request been made to General Motors or Chrysler with regard to the establishment of these committees?

Mr. WISHART. There has been no effective influence brought to bear upon those corporations. There may have been certain releases, certain generalized statements from the War Production Board, which were received by these corporations, but there was nothing of what we considered effective action.

Dr. WEBER. Is the establishment of these labor-management production committees a part of the policy of the War Production Board; is it a national policy or is it a press release service?

Mr. WISHART. In our opinion the latter characterization is more accurate. As a matter of fact the impression that our people who have been working in fairly direct contact with the War Production Board have is that the whole labor-management set-up, as initiated by the Board, was too much influenced by certain men with company advertising backgrounds, who apparently had considerable responsibility with those committees in the first formative stages.

As Mr. Nixon has suggested, the responsibility has been passed on to different hands in the War Production Board at the present time, but so far as we have seen, the results have not been effective.

Dr. WEBER. Mr. Kanzler, who now heads the industry committees of the War Production Board, was formerly the head of the Automotive Branch of the War Production Board with headquarters in Detroit?

Mr. WISHART. That is correct.

Dr. WEBER. Were any representations made by your union to Mr. Kanzler when he was in Detroit, urging the establishment of these committees?

Mr. WISHART. Consistent representations were made there. A consistent effort was made also to secure Mr. Kanzler's cooperation in improving certain obviously bad production situations which existed in many plants of the automotive industry.

Dr. WEBER. What were the results of those representations?

Mr. WISHART. So far as I know there were no results from those representations whatsoever.

I should like to cite here certain figures which we gathered in a survey conducted by our Research Department on the employment of women in Detroit. I think you will find that in that center there has been less development along that line than in any other basically important war-production center.

Fifty-five percent of the plants covered are now employing women. This is an increase of 6 percent in the total number of plants employing women, over the same period last year. This survey was taken about 4 weeks ago. Women represent about 6 percent of the total employment in the industry. This is a total increase of 5.3 percent of the female employment over a year ago.

They are now employed in about 28 percent of the classifications in plants where hiring policies have given them entrance. There are very serious wage differentials, averaging 21 percent.

Dr. WEBER. For the same type of work?

Mr. WISHART. For the same type of work, that is correct. That situation is now being rapidly modified by the recent decision of the War Labor Board in the General Motors case, where the principle of equal pay for equal work was enunciated and certain machinery established to apply that principle in the direct operation of the plants.

Dr. WEBER. How many women have been trained in the Detroit area? That is, I understand that there is a great demand for welders, or that a great demand is expected for welders in the Detroit area, is that right?

Mr. WISHART. That is correct.

Dr. WEBER. Have many women been trained to become welders?

Mr. WISHART. I am sorry but I can't give you the correct information on that. I would be glad to file a supplementary statement giving you those exact figures.

Dr. WEBER. Would you inquire and inform the committee whether or not the training of women as welders was geared in with the development of the tank program in the Detroit area?

Mr. WISHART. There has been no such gearing in that I know about. The only training which has gone on there has been in connection with training women for aircraft welding. The tank production program itself, as it was initiated, did not contemplate much, if any, employment of women.

I might speak also of certain conditions in the West Coast aircraft industry in which we have a number of plants organized. There you will find, I think, an average of about 25 percent female employees. That has been a development brought about by the much more stringent labor supply situation existing there than now exists in Detroit, and the evidence we have received, the information, indicates that these women are performing very effectively and efficiently on their new aircraft jobs.

Dr. WEBER. What percentage are they in the Detroit aircraft factories?

Mr. WISHART. In the Detroit aircraft factories they would average at the present time no more than 10 percent.

Dr. WEBER. As against 25 percent for the West coast aircraft plants?

Mr. WISHART. That is correct.

Dr. WEBER. What does Mr. Ford anticipate the percentage will be at Willow Run?

Mr. WISHART. Mr. Ford has ventured no predictions on that, that I am familiar with. At the present time there are approximately 5,000 women out of 25,000 total employment, in the Willow Run plant, which would indicate perhaps a fairer consideration to women than

has existed at certain other plants. But on the other hand of course you have to take into consideration the fact that the Willow Run employment represents new hirings and that Mr. Ford was forced to a certain extent there to depend on women to fill in gaps in the labor market.

Dr. WEBER. Then your basic point about the Detroit labor market, I would take it from your paper, is that you are going to need at least 170,000 more workers?

Mr. WISHART. That is correct.

Dr. WEBER. And that the housing and community facility situations in that area make it absolutely impossible to permit large scale migration to continue into that area to fill that labor demand; and that this dictates the mobilization of the labor in the area, particularly women and the minority groups that have not been trained or employed up to the present time?

Mr. WISHART. That is correct.

Dr. WEBER. Do I gather correctly from your paper that despite this perspective, the proper planning of training facilities, the proper changes necessary in hiring practices, are not being undertaken at the present time?

Mr. WISHART. That is absolutely correct, with the exception of one or two companies. I might refer to the Murray Aircraft Co. as a company that has initiated a fairly effective training scheme, but there has been nothing genuine carried through by most manufacturers to establish a training program which will establish a labor supply to gear into the requirements, no effective program to train replacements for employees subject to selective service, with the result that I expect very sharp shortages in these skilled or semiskilled occupations within the next few months.

Dr. WEBER. In connection with selective service, does your union advocate occupational deferment boards, separate from the present local boards? That is, the occupational deferment boards would pass upon occupational deferment alone, and the present local boards would pass upon dependency and physical fitness?

Mr. WISHART. No official position has been taken in our union on that exact machinery. However, we feel that some such machinery is essential.

Dr. WEBER. Are many skilled workers obtaining deferment in the Detroit area?

Mr. WISHART. Among tool and die makers there has been comparatively little difficulty in securing deferment, and that is the largest group of highly skilled workers in Detroit. However, among certain other occupational groups which are just as essential in many ways to war production, there has been great difficulty in securing deferments.

I am thinking, for instance, of the maintenance welders. I am advised by the representatives of those groups, particularly from the Ford plant, that very large sections of workers trained in this trade have been called into the Army, with the result that there is considerable difficulty, sometimes, in securing enough skilled workers to carry through essential machinery repairs to keep production going.

Dr. WEBER. Is it your understanding that the employer in these cases has requested a deferment and filed form 42-A?

Mr. WISHART. It is our impression that in many cases the employer has not taken effective action.

Dr. WEBER. That is, the responsibility, then, in many cases, has lain on the negligence of the employer?

Mr. WISHART. That is in a certain measure responsible. In other areas I know that local selective-service boards have not had an understanding of the actual requirements of war production for workers in certain skilled categories.

Dr. WEBER. Does the War Manpower Commission have a functioning office in the Detroit area?

Mr. WISHART. One has been established just recently for the Michigan-Ohio area, with committees established in Michigan and Ohio, and for both States, regional committees covering the two States there. It is too early to say a great deal about the functioning of the local set-ups of the War Manpower Commission in Michigan. They haven't had a chance yet, and I think that should be said, in fairness, to prove themselves one way or another.

Dr. WEBER. Is there anything else that you would like to mention?

Mr. WISHART. I should like to say something about the material situation and the fact that many workers engaged in vital war production are being employed no more than 4 or 5 days a week. The effect of that on morale and the whole attitude toward the war production program is easy to understand.

One other point—and I believe it is an important one—is that in many cases facilities have been overbuilt. I am thinking particularly of the tank-production program of the country.

Dr. WEBER. You mean they have been overbuilt in relation to the supply of material?

Mr. WISHART. In relation to the supply of material.

Mr. WEBER. For fabricating?

Mr. WISHART. That is correct.

Dr. WEBER. So that they are not in use 24 hours a day?

Mr. WISHART. By no means.

Dr. WEBER. They could be if they had the alloy steel, though?

Mr. WISHART. I don't believe I would be revealing any military secret to say that one major tank plant was advised last month that their production quota would be 40 percent of what it had been in previous months.

Dr. WEBER. But the basic problem there is a shortage of alloy steel?

Mr. WISHART. The steel shortage is the sharpest one so far as tank production is concerned.

Dr. WEBER. Are you familiar with the new master control plan which was announced the day before election, by the War Production Board?

Mr. WISHART. I have looked through a copy of the plan and tried to form some conclusions in relation to it. My first impression can be summarized as follows:

It doesn't give the immediate answer needed if there is any general perspective of effective offensive action by the United Nations in 1943. The 8-month period before this plan can be fully effective is one which appears to me as an individual to be too long a period, by far.

In the second place, I think there should be definite provision for labor representation all through that plan. It represents a tremendous concentration of basic power; it involves direct labor issues, labor-manpower issues, and it seems to me that if such a set-up is allowed to go ahead without proper representation from all the groups and parties involved and interested in decisions, it may lead to the same kind of confusion and chaos which has existed before.

However, we must give full credit to the plan as one which for the first time recognizes the importance of adjusting production schedules to available supplies and establishing a system of flow of materials which will be, to a certain extent, realistic.

Dr. WEBER. Well, that is the primary point which probably will be debated for the next 3 or 4 months as to whether or not this material control plan actually does present a realistic method of obtaining a scheduled flow of materials on the basis of production schedules.

However, the point that you indicate, about the relationship of production and offensive action, is very interesting but not one upon which the committee would be particularly interested at the moment. They would be particularly concerned with the question of whether or not it is a realistic plan for getting the scheduled flow of materials, and I wondered if you had examined the plan from that standpoint at all?

Mr. WISHART. In my personal opinion it doesn't provide for sufficient flexibility to adjust to the changes in military requirements, the changes in design, the possible expansion of production, but I would characterize it as a step forward in the sense that it recognizes the problem for the first time.

Dr. WEBER. That is to say that almost the entire country has known since March that we have a shortage of materials and it is officially recognized by the War Production Board on November 2.

Mr. WISHART. We consider that progress.

Dr. WEBER. And this will go into effect in April 1943 about 1 year and a month after material shortages have caused the unemployment in war industries—and this you feel is a step forward?

Mr. WISHART. I could characterize it in no other way. I should not say, however, that it was an adequate step forward insofar as I am able to understand the somewhat complex arrangements projected in that plan.

Dr. WEBER. Do you have anything else to add, Mr. Wishart?

Mr. WISHART. That is all I have to say.

Dr. WEBER. Thank you very much for your appearance and your statement. I am very sorry that Senator Pepper didn't have the opportunity to hear you discuss this Detroit situation, but he will be able to read it from the record.

(The prepared statement of Mr. Wishart is as follows:)

For perhaps the first time in its history, the auto industry will face the threat of an overall labor shortage. That is the prophecy behind the industry employment figures recently released by the Automotive Section of the War Production Board.

According to these War Production Board estimates, a total of 823,888 workers were employed in automotive plants during the month of July. If these estimates are correct, total employment in these plants as of October 1942, must be in the neighborhood of 900,000. Anticipated peak employment for the industry is 1,401,500. This total to be reached by June of 1943 is more than double the greatest number of workers employed in any peacetime period.

In the Detroit area, conversion unemployment is no longer reflected in general employment figures. By August, manufacturing employment in the area had risen to a total of 521,000—greater by some 89,000 workers than the employment figure of 502,000 recorded for June of 1941.

Despite the overall increased employment, there are yet a substantial group of auto workers who have not been called back to work in Detroit, Flint, and other cities.

For October, total Detroit manufacturing employment of 658,000 is predicted by the United States Employment Service. Out of this October total some 568,000 workers will be employed in major Detroit war production plants.

But to reach the peak war employment expected for 1943, a total of approximately 170,000 new workers must be hired in these plants. This total includes hiring to replace workers now employed who will be called into the armed services.

Where will these 170,000 or more workers be found? Upon a successful answer to this question will depend the entire success of the automotive industry in fulfilling its schedule of war production.

And for such a successful answer, the industry's present unplanned and haphazard procedures of hiring of the auto industry will be clearly impossible.

Up to the present time, war industry in the Detroit area met its labor problems by drawing workers from the surrounding countryside or from other industrial centers not fully involved in the war production program. Approximately 40 percent of the new hires in one major war-plant area were workers whose previous employment had been outside the Detroit area. Others came in about equal proportions from nonessential industrial plants or from service trades.

The population of Detroit has been increased during the last 12 months by at least 300,000. This influx of new workers and their families has brought the city's transportation system to the point of breakdown. Houses for workers are simply not available at the present time, and thousands of essential war workers now face winter with no shelter but that offered by flimsy shacks or trailers.

In addition to this, serious labor shortages have been created throughout the State, particularly in agricultural sections, by Detroit's continual drain upon available manpower.

Continuance of the present flow of workers into Detroit is impossible. Neither Detroit nor its surrounding regions can be adjusted any longer to the movement of 20,000 or more workers a month into that city.

The solution to this problem lies in the mobilization of the tremendous reserves of unused labor now in the city. Well over 100,000 women, a large percentage of whom have had previous industrial experience, must be called on. Discriminatory hiring practices which have barred Negroes from employment in many plants must be ended. A whole range of adjustments to improve plant and labor efficiency must be undertaken. Every worker must be employed full-time at his peak efficiency and the hoarding of labor which has occurred in a number of plants must be stopped. The present incredible chaos in the supplying of raw materials and parts to major Detroit plants must be ended.

The operation of selective service must be genuinely and immediately coordinated with production and labor supply requirements.

All of these measures and others which might likewise be proposed are contingent upon one thing—upon the effective unification of these multitudinous Government agencies which now claim jurisdiction over the problems of production, manpower, selective service, and the Nation's general economic life.

The chaos which now threatens the war-production program of the automotive industry is the end product of the chaos and conflict which has marked the planning of the whole war effort by Government and industry.

Certainly this situation cannot be met by the exercise of arbitrary powers over workers. Freezing workers to their jobs will not build a single new bus or house in the city of Detroit. It will not train a single woman to take a draftee's job or guarantee the efficient organization of labor in a single plant.

What is required is coordination of planning on the part of all Government agencies for the establishment of policies essential to meet the Nation's war problems. Power necessary to apply such policies will be called for by the labor movement as by all other groups in the Nation devoted to the cause of victory.

But such power must be exercised along the lines of those democratic principles which alone may be depended on to create the labor and popular morale essential to the war effort. Specifically this means that there must be effective representa-

tion of labor in all agencies responsible for mobilizing the Nation's economic and productive power.

Coordination and the centralization of power—these are measures essential to the war effort. But such centralization must not be applied with the whiplash methods of the Fascist dictators. That would be equally disastrous to the very principles for which we fight, and to the direct production of war materials.

In our struggle for the freedom of the people we must give the people themselves a direct and responsible part.

Dr. WEBER. The committee will stand adjourned until Friday morning at 10 o'clock, at which time Mr. Morris Fishbein, of the American Medical Association; Mr. Henry Kaiser, shipbuilder; and Mr. Bunden, of the Chicago Public Health Board; and a number of other people will be present to testify.

(Whereupon, at 4:25 p. m., the committee adjourned until Friday morning, November 6, 1942, at 10 o'clock.)

INVESTIGATION OF MANPOWER RESOURCES

FRIDAY, NOVEMBER 6, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10 a. m. in room 310, Senate Office Building, Senator Claude Pepper (chairman) presiding.

Present: Senator Pepper (chairman).

Also present: Dr. Robert K. Lamb and Dr. F. P. Weber, special assistants to the committee.

Senator PEPPER. The committee will come to order.

I will ask Mr. Kaiser if he will come up first, please.

In spite of the fact that yours is one of the best known names in America, you might state it for the record.

Mr. KAISER. Henry J. Kaiser.

Senator PEPPER. We appreciate very much your being here from your busy and constructive life, and will welcome any statement, Mr. Kaiser, that you feel disposed to make affecting this question of manpower, the question of the public health, or any of the factors that enter into the efficient use of the Nation's manpower.

STATEMENT OF HENRY J. KAISER, SHIPBUILDER, ACCOMPANIED BY M. MILLER AND DR. SIDNEY GARFIELD, OF THE KAISER INDUSTRIES

Mr. KAISER. On the question of manpower, I would like it understood that I am not here to criticize any work that anyone is doing on the manpower situation, who are working unquestionably very seriously and devotedly in the interests of the Government, and anything that I present here is merely presented as suggestions with the hope that they will be helpful in getting directly the viewpoint of our experience in the areas in which we are working industrially.

There may be also weaknesses in our suggestions, and they are presented with that view in mind, with the idea of only being helpful.

In response to your request to appear, I have had, since that time, all of the heads of our various organizations in the areas study the problem and asked them to come through jointly with a report as well as asked a representative to come from there to be here with me in order that, if there were any details that I was not familiar with, I could ask him and he report to you. Likewise, the same thing on the medical situation.

Now, I am presenting here, first, their problems. These may seem critical; they are not critical, they are merely the problems. And,

second, is a suggestion which might solve those problems. So I am not coming here only with the problems, but I am coming here with a suggestion that might solve them.

Briefly, the suggestion is that this is an all-out effort on the part of all of us to regulate all our manpower—

Senator PEPPER (interposing). Mr. Kaiser, you have a statement, I believe, there. Do you care to read that or have one of your men read it or would you prefer to summarize it?

Mr. KAISER. If you would like it read, it is a long statement and would take 15 or 20 minutes or maybe longer.

Senator PEPPER. I think, Mr. Kaiser, that it contains a content that will justify hearing it.

Mr. KAISER. All right, I will ask Mr. Miller to read it.

Mr. MILLER. This is in the form of a telegram from Mr. Edgar F. Kaiser to Henry J. Kaiser:

Reference manpower situation as it affects our shipyard operations and the overall policy of effective allocation of total manpower.

The present policy of the armed forces permitting voluntary enlistment is confusing to our men. Those who are subject to selective-service call or who think they soon may be subject to call believe they should enlist so that they will be able, first, to secure the highest possible armed service rating, and, second, to choose the branch of service that they personally desire. Such a policy, therefore, results in uncontrolled loss of manpower from war industry and essential civilian industry.

There is an apparent lack of coordination between selective service and War Manpower Commission. There is no definite policy as to the priority of war industry or essential civilian industry with relation to selective service. The employer, therefore, is not clear as to what program of training he should adopt because he doesn't know which personnel may be called or may voluntarily enlist and therefore cannot intelligently program his training schedule.

The present policy of selective service, by quotas, in each State in the Union is, in our opinion, resulting in inefficient use of manpower by armed forces, war industries, and essential civilian industry. Armed services are draining certain critical war industry and essential civilian production areas while other areas have surplus. This also is particularly true with respect to the medical situation. While plans are under consideration, no definite action has been taken with respect to communities that are increasing in population and, therefore, should have a stabilized medical manpower.

The fact that no policy has been adopted concerning curtailment of non-essential civilian industry, either directly or indirectly, tends further toward unbalanced use of effective manpower. This situation is not improved by the fact that there is no defined policy on selective service—for example, the man in nonessential civilian industry does not know whether or not he will be called for selective service if he does transfer employment to a war industry or an essential civilian industry and therefore he makes no move pending either being called into the service, or the establishment of a defined policy.

There is no established policy with respect to the use of women in industry and therefore the employer is not intelligently programming the use of women in industry. Such action is now dependent on each particular employer.

Insofar as we know, there are no available figures indicating the sources of unemployed manpower. We know New York has unemployed manpower because there is such a large group available, but we cannot ascertain from War Manpower Commission what other pools of unemployed exist, if any.

Therefore, we—as other employers—do not know on an intelligent basis of available survey figures, where such unemployment pools exist.

There is no defined policy of transporting available unemployed or nonessential civilian industry workers to war industry or essential civilian industry areas. This results in each employer establishing different conditions and methods of transportation.

(At this point Mr. Kaiser continued with the statement.)

Mr. KAISER (reading):

There is no defined policy of priority on labor. This results in both labor unions and War Manpower Commission being unable to have a defined policy with respect to the allocation of available productive manpower.

There has been much discussion with respect to the so-called freezing of labor. It should be termed "stabilization of labor."

Now, I want to say in that connection that we do not favor a freezing of labor for the reason that we do not believe that the same results can be obtained by freezing labor because it removes the freedom of a man to work, and that freedom should be governed by the union which he has selected to represent him. We believe that the union should be given a definite responsibility, a job to do, and that they should look after that job. I firmly am of that opinion, and I want that message to go forward, that the unions themselves, having a responsibility, should fulfill that responsibility; that they should see—as long as they have been chosen by the men as their representatives—they should see that the men do the thing, at this hour of our grave peril, to give us the greatest manpower we ever had, and the men must feel themselves guided and aided and advised and controlled by their own unions to do the thing that is necessary to protect us at this time.

Therefore, rather than freeze it, we should have them, they themselves, understand that responsibility seriously that they hold, and it can be done, I think, through such a suggestion as we are now proposing, and they would feel it more. [Continuing:]

We were previously of the opinion that it would be desirable to stabilize labor at once. However, in view of your request, and after giving serious consideration, we are definitely opposed to the Government stabilization of labor, or at least until such time as the above-mentioned matters have been clarified, and we have a more accurate knowledge of our available productive labor. The Government stabilization of labor would, in our judgment, create two very serious conditions:

1. Destroy incentive, and thus break down morale. If Government stabilizes manpower, the man may lose interest because he is stabilized.

2. If Government stabilizes manpower, it might even approach a situation where the employer could not freely discharge a man except for extreme reasons. It would further bring quite a union problem, because if a man were stabilized, he might decide that he should no longer pay dues since the Government establishes the conditions and the wages, and since he is stabilized he takes the position—why should he any longer pay dues.

This is certainly a time when the Nation needs the support of the unions and all groups. Government stabilization at this time might require a check-off system for all industry. There is no clear policy and no unified agency that can direct by voluntary agreement within the regional areas transfer of labor between industries. This has created a condition whereby a man employed in war industry transfers solely because he is looking for a better position on a higher rate of pay. This results in loss of a man who has had training in the industry, and creates demand for additional training in the industry to which he transfers, and further tends toward increasing labor turnover, which is inefficient at a time when maximum production effort is required.

I will now go to the recommendations. These are the recommendations, these are joined in by all of the heads—the telegram is signed by Edgar Kaiser, but is not the individual opinion of Edgar Kaiser—it is concurred in by all of our industries that have been talked to, as well as by our labor relations head who has gone into it very thoroughly, and he believes that, with all of them, that this is a combined opinion—

Senator PEPPER (interposing). Mr. Kaiser, for the record, Edgar Kaiser is your son, and occupies what position?

Mr. KAISER. He is general manager of the Northwest Oregon yards, but those are not the only yards we are operating, and I had him get all of the boys together and talk with all of them and get our labor relations man up, and they went out also into other areas to get opinions as to what was the best solution they could make. It was my desire to come here with some sort of a suggestion that would be constructive.

Senator PEPPER. Mr. Kaiser, just as a preliminary background, you are employing at the present time substantially how many men?

Mr. KAISER. A quarter of a million.

Senator PEPPER. Some quarter of a million?

Mr. KAISER. Yes.

Senator PEPPER. Scattered over how large an area?

Mr. KAISER. It is a tremendous area.

Senator PEPPER. A good part of the country?

Mr. KAISER. Yes.

Senator PEPPER. So that you have had quite an extensive experience geographically and in the number employed and in the types of operations that you are carrying on?

Mr. KAISER. We think so.

Senator PEPPER. How long have you been in the construction business, Mr. Kaiser?

Mr. KAISER. Thirty years.

Senator PEPPER. Some 30 years?

Mr. KAISER. Yes, sir; over 30 years.

Senator PEPPER. So you have had a unique opportunity to come in contact with the problems of using manpower in public work, have you not?

Mr. KAISER. Yes.

Senator PEPPER. Now it is out of that rich background of experience that these suggestions come which you are now about to give us?

Mr. KAISER. Yes; out of that, and the fact that we are in an emergency and meeting an entirely new condition, and suddenly it is developing to become more serious because the volume of our work is tremendously increasing and the shortage of manpower is developing.

For instance, in just two of our yards in the last month we produced 29 Liberty ships. Now that is a tremendous increase in volume over what we have been doing, and that production is constantly on the increase. And we are of the opinion that outside of a suggestion of this kind we are developing curves in manpower whereby we believe that it is very important to reduce the man-hours on every single item we are doing. For instance, the man-hours on our Liberty ships, from the first ones we built until the present ones, have decreased something like 200 percent. A Liberty ship now is being built with less than one-half of the man-hours. Of course, that is industry's problem, too.

Senator PEPPER. In other words, the more efficient utilization of the labor you have—

Mr. KAISER (interposing). Yes. I don't come here to say that it is alone a Government problem, I think it is a problem that industry should solve and should help to solve, and they have two things to

do in that, they have suggestions to make to the Government as to how they can be better served by their Government, as well as themselves lowering their own man-hours with the men. And the men understand that. I have nothing but the highest praise, I can't speak too highly of the service the men are rendering us and of their effort in a general way—there always can be imperfections in any organization—but in a general way the men are rendering a great service to their country, labor is.

Senator PEPPER. It is the job of management, then, in this time when you want to make the most efficient use of manpower, to see to it that work is provided for these men and women so that they can work the number of hours a week that may be agreed to be proper and reasonable?

Mr. KAISER. Yes; and with the best methods to get the lowest man-hours per individual unit that they may be producing. That is the first job of industry. The second job of industry is to try to get it so organized that they can place those men and train those men with the least loss possible, because if they suddenly—just for an illustration, as pointed out here—if they have just completed a training program and suddenly those men are taken away, there must be some coordination, some advance knowledge of what each section of the Government will do, what their performance will be, so they can anticipate these things in advance.

Senator PEPPER. Mr. Kaiser, we had a witness recently who spoke of a great union, a national union in a vital industry, and he spoke of the low average number of hours per week worked by the employees of that industry attributable to a shortage of raw material. Now there again is another factor in the equation, is it not, to keep the most efficient use in progress, of manpower?

Mr. KAISER. There is no question about the raw material problem. The raw-material problem—you have to start with the grass roots or the values we have under the ground in our country in order to get the greatest production.

Senator PEPPER. So that the question of the efficient use of manpower, then, you suggest is directly related to the question of the efficient production and use of raw materials?

Mr. KAISER. Unquestionably.

Senator PEPPER. I suppose in addition to that, you have to have transportation facilities to get men and women to and from their work, you have to have a place for them to live—

Mr. KAISER (interposing). Well, there is no question but what you are touching on very important subjects. In other words, the number of hours that a man works on his job does not necessarily mean that that is the number of hours that he uses in doing his job. If he works 8 hours and it takes him 3 hours to come and go to his work, that is 11 hours, and if it takes him 3 hours to eat, that is already 14, and there are other times that it takes, and you can really see that this question of transportation and housing are the two important problems.

Senator PEPPER. Mr. Kaiser, I interrupted you in the making of your recommendations. You go right ahead.

Mr. KAISER. All right.

We recommend the adoption of a policy outlined briefly as follows:

1. Establish a new manpower committee, composed of one member from each of the following: Army, Navy, maritime, agriculture, war industry, essential

civilian industry, one neutral representative, and two from labor—a nine-member committee. This committee shall have full authority with respect to all manpower including selective service for the armed forces and productive manpower. This committee will establish regional areas throughout the Nation. In each regional area, one man will be responsible for the area directly to the committee. The policies of the region will be clearly defined by the national committee with respect to application of selective service to recruitment for the armed forces, for labor, for war industry, labor for essential civilian industry, and labor for agriculture, thus resulting in a uniform national policy throughout the country. The national committee, through its regional directors, will immediately survey all manpower including selective service and at the same time will establish national quotas for selective service and not State quotas.

2. Prohibit voluntary enlistment in all armed forces at once and recruit into the armed forces by selective service only.

3. Classify all manpower in the Nation in four groups:

A. Armed forces.

B. War industries.

C. Essential civilian industries, including agriculture.

D. Nonessential civilian industries.

This can be quickly accomplished by an analysis of the Selective Service classification forms and employer reports. The President, through the War Production Board, can clarify for the new Manpower Committee, those industries that are essential civilian industries and those that are nonessential. All labor for war industry and essential civilian industry will be cleared by local offices under the direction of the regional offices of the new committee. The employer in all cases, whether he has union contracts or not, will place orders for labor with the local office of the region. The local office will then refer the men to unions in the case of the employer who has union contracts, or directly to the employer if he has nonunion contracts. This gives the Manpower Committee full control of all war industry and essential civilian industry labor, and still permits the unions to function in their intended capacity.

4. The new committee will immediately determine by survey and industrial committees, the percentage of women that can be used in specific war industries and specific essential civilian industries. For example—let us say that the percentage of women in new ship construction is established by the committee at 25 percent. A schedule will then be established by the committee permitting a reasonable period of time for the shipyard to accomplish the required percentage, for example one month after the effective date, 2½ percent women required. Two months—5 percent, and a 2½ percent increase per month thereafter until the quota is reached, the quota to be different for each industry, and the percent of increase by months until the quota is reached, likewise different. The use of women by the employer is not compulsory but the incentive for the employer to accomplish the required percentage can be done in the following manner: All labor in war industry and essential civilian industry is classified in priority 1 and priority 2. No employer is entitled to labor priority 1 unless he has the required quota of women in his industry.

Now that is the important point—

If an employer has the required quota, he therefore is entitled to labor priority 1. Without labor priority 1 he cannot recruit labor outside his area. If he has priority 1, he immediately makes application to the new regional director, who in turn advises him in which area he may recruit available manpower. At the employer's option the regional director either arranges for the available men in the required quantity, if possible, to be sent by train at government expense to the employer, or the employer may send his own organization to the area where recruitment is to be done with the consent of the regional director in the area in which the recruitment is to be made, and men can be voluntarily recruited through the local office to the particular area where recruitment is authorized by authority of the regional director in that area. This permits, at the option of the employer, screening of men being recruited and also permits the small employer who cannot afford to recruit in this manner, or who should not spend the money if the number of men to be recruited is small, to request the regional office to do the recruitment for the employer.

5. Selective service will operate in the following manner: All men in 1A classification will be withdrawn from nonessential civilian industries as the new manpower committees indicate that such men are necessary for the

armed forces. This means that any man in a 1A classification now engaged in nonessential civilian industry, is immediately subject to call, and further prohibits the situation that now exists, namely, where selective-service quotas established by States in some areas—all 1A men are exhausted from civilian industry, and therefore 2B and 3A men are being called; whereas, in other areas there are still 1A men available. Selective service is now attempting to balance their quotas but this is a very difficult and slow process. 2B, 3A and 3B men will be subject to call next from nonessential civilian industry before any 2B, 3A, or 3B men are taken from essential civilian industry or war industries. Simultaneously, 1A men in war industries or essential civilian industries will immediately be resurveyed, and they will be classified into two groups:

1. Those irreplaceable and entitled to permanent deferment.

2. Those who may be replaced. A specific time will be set for their induction, permitting the employer to replace the man and at the end of such time no additional time will be allowed, and the 1A man is immediately inducted.

The effect of the above will be to automatically take men at once in all selective-service classifications out of nonessential civilian industry. After all classifications are removed from nonessential civilian industries and the 1A men from war industries and essential civilian industries, then same procedure would be applicable to the other classifications in their respective order. The effect of this and the simultaneous use of labor priority classification 1 and classification 2 will force essential civilian industry and war industries to use women and also transfer men from nonessential civilian industries to essential civilian industries and war industries.

It is our judgment that the above will permit the armed services to recruit effectively with the least effect on productive effort.

We have not mentioned labor priority 2. War industry and essential civilian industry in labor priority 2 could recruit only men or women who are available in the area. The only advantage of being in labor priority 1 is to have the right to recruit men outside.

Under the above system, deferment boards would still exist, but they would be under the control of the regional director, who, in turn, is responsible to the new over-all Manpower Committee. Establish by voluntary agreement under the direct supervision of the regional director, stabilization agreements between all war industries and all essential civilian industries. The union would also, where it is involved, be a party to these voluntary agreements under the supervision of the regional director. If, after operation of such voluntary agreements under the supervision of the regional director, the procedure does not operate successfully, then, based upon the experience gained, Government stabilization could be, if necessary, inaugurated, but both labor and management would have had an opportunity, under the direction of a regional director, to work out a voluntary arrangement. This would accomplish a voluntary stabilization.

It is our judgment that the above policy as a whole accomplishes the use of selective service and the stoppage of nonessential civilian industry. That it controls a distribution of available manpower, and that it creates incentive to the employer to bring women into the industry. That it permits the armed forces to secure manpower by selective service from—first—nonessential civilian industries, and later, essential industries and war industries.

Right here on that question of taking care of these men, I would like to have Dr. Garfield make a few statements so it will come in at this time, and I think it will show that we have the same problem there.

Senator PEPPER. State your full name and address, please, Doctor.

Dr. GARFIELD. Dr. Sidney Garfield, Oakland, Calif.

Senator PEPPER. Doctor, give us a little of your background, so that the record will contain it.

Dr. GARFIELD. I am in charge of the medical program of the Kaiser Shipyards, that is both down south in Richmond, Calif., and up in Vancouver, Wash.

It has been Mr. Kaiser's policy—

Senator PEPPER (interposing). Just a minute; are you a graduate of an approved medical school?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. What is your school?

Dr. GARFIELD. The University of Iowa.

Senator PEPPER. All right; go right ahead.

Mr. KAISER. I would like to say this, that Dr. Garfield started serving our medical end at, I think, Parker Dam, and from there he went on through with us and gave us a great deal of service off and on until finally, at Grand Coulee Dam, we established probably one of the finest hospitals at Grand Coulee Dam in the State of Washington, with 3 operating rooms and 120 beds.

Senator PEPPER. I had the thrill of visiting that project one time, Mr. Kaiser, while it was in the process of construction, by your kindness, and it was certainly an inspiration to me.

Mr. KAISER. I am glad it was; thank you.

At Grand Coulee we there found out what we really could accomplish in the way of giving attention to the medical care of the men, not only to their accidents but also to their health, and we therefore proceeded in this industry to do the things that he will tell you about.

Senator PEPPER. How many years now, altogether, have you been with the Kaiser Co., Dr. Garfield?

Dr. GARFIELD. Nine years.

Senator PEPPER. Engaged primarily in protecting the health of the employees of these companies?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. For the purpose of making them able to render more efficient work, primarily, to these organizations?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. All right, Doctor, go ahead.

Dr. GARFIELD. It has been Mr. Kaiser's policy to create on each job that he has, where those facilities do not exist, a complete medical service, which includes a hospital, medical service during sickness, and so forth. The two areas that we have now that are critical areas are Richmond and Vancouver, Wash. At Richmond—

Senator PEPPER (interposing). Richmond, Calif.?

Mr. GARFIELD. Yes, sir.

At Richmond, where we employ 70,000 men, Mr. Kaiser has caused to be built a hospital of 130 beds, at his own expense, in the city of Oakland. We have staffed the hospital with 36 physicians.

Let me first state that there is no shortage of physicians in our yards at the present time, that is, the Vancouver or Richmond yards. Also in the Richmond area we have caused to be built right at the shipyards another hospital of 65 beds, completely equipped with surgeries and everything you need to care for these men.

Up in Vancouver, where we now have 22,000 men, and anticipate 50,000 men, we have another hospital erected, of 70 beds at the present time. We have 18 physicians, nurses, and all the necessary staff to operate it.

Now, in selecting our staff of these shipyard hospitals, as much as possible we have chosen men who we figured the Army or Navy would not accept. Of our 36 doctors at Richmond, 12 are over 40 years of age, 14 have physical defects for which the Army has rejected them, and about 13 are healthy, active men, 13 out of 36.

At Vancouver—

Senator PEPPER (interposing). And young, are they young men also?

Dr. GARFIELD. These 13 are all in their 30's—pardon me, 2 are 40.

Senator PEPPER. Are they married?

Dr. GARFIELD. Yes, sir; every one of them is married.

Now, our particular problem is this—the Procurement Board in the Richmond area—

Senator PEPPER (interposing). You mean the Procurement and Assignment Board, of which Dr. Lahey is the Chairman?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. Acting under the War Manpower Commission?

Dr. GARFIELD. That is right.

We have two particular problems. One is in Richmond and one in Vancouver, and they are different. The Procurement and Assignment Board in Richmond area is not sympathetic with our program.

Senator PEPPER. You mean your program of keeping your workers healthy?

Dr. GARFIELD. That is right.

Senator PEPPER. And providing for their medical care?

Dr. GARFIELD. That is right. Our program not only includes care for their accidents, but it also includes care for their health, nonindustrial illness, on a prepayment—

Senator PEPPER (interposing). You mean you try to provide in your medical facilities medical attention whether the cause for it ensued directly from their work or from general conditions?

Dr. GARFIELD. Yes, sir; it is a complete program.

We know that 90 percent of absenteeism due to illness is due to nonindustrial illness, and it is our job to cut that down to get maximum production. The only way we know of doing that is—

Senator PEPPER (interposing). By "nonindustrial illness" you mean illness attributable to causes not directly connected with their work?

Dr. GARFIELD. That is right.

The Procurement and Assignment Board, as I stated, are not sympathetic with that program. The Medical Association in general hasn't liked our doing prepaid medicine.

Mr. KAISER. Although they can't serve it, they haven't the facilities to serve us at all.

Senator PEPPER. Go into a little detail on that, what do you mean by that, Doctor? You don't mean that they are not in favor of people being healthy, do you?

Dr. GARFIELD. No, they aren't in favor of our coming into that area and taking over the care of those men. Incidentally, we didn't do it in Richmond—

Senator PEPPER (interposing). Did you coerce this plan upon these people?

Dr. GARFIELD. No, it is purely voluntary.

Senator PEPPER. Were these American citizens that you were giving this attention to?

Dr. GARFIELD. Yes, and it is purely voluntary.

Senator PEPPER. And did they concur in the plan that was prepared for their benefit?

Dr. GARFIELD. They are all signing up for it.

Mr. KAISER. I would like to say this, in that connection, so as to make it clear. It is purely a voluntary service on the part of the men, and unfortunately, because of the tremendous investment needed, I haven't had the necessary money to provide the facilities as rapidly as the men have asked for this, and we have shut off taking—in one area we only have 39,000 who have applied, and we have been forced to stop taking the men because of the fact that we didn't have sufficient facilities to take care of them.

Senator PEPPER. What does the man himself do to get the benefit of this?

Mr. KAISER. He pays 50 cents a week.

Senator PEPPER. That goes into a fund?

Mr. KAISER. That goes into a foundation.

Senator PEPPER. Well now, do you supplement those funds or does management supplement those funds any, Mr. Kaiser?

Mr. KAISER. I started and built the facilities, and furnished them as a foundation.

Senator PEPPER. And then the fees that the men pay, or the employees pay, are essentially for operating expenses?

Mr. KAISER. Yes, and we are extending—any that is left over is used as a foundation. At the present moment we are anticipating those fees and borrowing additional money to expand the facilities so we can take on more men.

Senator PEPPER. I was curious about your remark, Doctor. Did you attempt to employ physicians and doctors and nurses who were of disrepute in the medical profession or incompetent? Was that the reason the Medical Association did not sympathize with your effort?

Dr. GARFIELD. Oh, no; the history of the Medical Association—you know what happened here in Washington on the group medical prepayment basis—the medical profession naturally reacts to something like that in a contrary manner, they don't like prepaid medicine. Now as far as we are concerned, it is the only way we know, and we put it up to them before we started it, we told them we were going to do it and asked them if there was any other solution. It is the only way we know of taking care of those men adequately.

Senator PEPPER. As a doctor, have you any reason to suggest as to why the Medical Association, as such, is opposed to what you call the prepaid medicine?

Dr. GARFIELD. Well, it is just a change in the old traditional way of handling medicine.

Senator PEPPER. The doctors that are working for you in your hospitals under the Kaiser organization, and the nurses employed there, they are American citizens, too, are they not?

Dr. GARFIELD. Certainly.

Senator PEPPER. Did they come voluntarily?

Dr. GARFIELD. We have a few aliens that we have taken on, as far as doctors go.

Senator PEPPER. Those are some of the refugee doctors?

Dr. GARFIELD. That is right.

Senator PEPPER. But essentially it was a voluntary process, these doctors and nurses coming into your institution?

Dr. GARFIELD. Oh, yes.

Senator PEPPER. You pay them a fair compensation, do you?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. Which is satisfactory to them?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. And they are men and women of professional repute and personal integrity?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. So that the patients themselves come voluntarily into this association?

Dr. GARFIELD. Yes.

Senator PEPPER. The technical staff comes voluntarily into the association?

Dr. GARFIELD. Yes.

Senator PEPPER. And so does the management of the company in the provision of the foundation facilities?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. So that all the people directly concerned, so far as you know, are satisfied with the arrangement?

Dr. GARFIELD. That is right.

Mr. KAISER. Senator, this would be very interesting to you, since you were at Grand Coulee. At Grand Coulee we went farther than the men themselves, we also went to the families and took on the health of the families; and in the early stages—all through the whole stage it is voluntary, please believe that—in the early stages we only got those families that were very sick, and it was not at all profitable, in fact it looked like a loss; is that correct, Doctor?

Dr. GARFIELD. Yes.

Mr. KAISER. And we only had about 10 percent. And then suddenly, as the result of the service to the families, voluntarily it increased to 90 percent, and when we finished Coulee Dam we had 90 percent of the families. And, Doctor, you can say how the deaths decreased. This is interesting.

Dr. GARFIELD. The most amazing part of the whole thing was that when we had the plan started and in operation, people stopped dying. That sounds funny, but actually what it meant was that they came to us—

Senator PEPPER. You don't mean that the American Medical Association opposed a plan which made it possible for people to stop dying, do you? [Laughter.]

Mr. KAISER. This is interesting.

Dr. GARFIELD. Nobody opposed us up there because we were there alone, there were no other doctors and no other hospitals, and they let us alone. The reason they stopped dying was the fact that they would come to us with their early symptoms. There wasn't the factor of medical cost to keep them away. They would come to us with the first pain in their abdomen, when they first got their colds, and we would catch their appendicitis cases before they ruptured, would get the pneumonia cases before they were terminal, and we would take care of them and get them well. It really was amazing; it is the one thing that struck us, and we are sold on it. Financially we believe we lost money on the operation up there, but as far as that reflects on their health, it was tremendous.

Senator PEPPER. Now, Doctor, this is what lawyers would call a conclusion, and a question of an expert, but since you have had this

experience and since you are a doctor, I think you would qualify in any court to be able to answer this question. Is it your opinion, based upon your experience in this place and other places where this plan has been put into effect, that a number of human lives have been saved by the operation of this plan which could not have been saved by the operation of the ordinary system of private medical care paid by your own funds in the normal way?

Dr. GARFIELD. There is no question about that.

I am afraid we are making too much of an issue out of this in relation to our problem.

Now the Procurement and Assignment Board hasn't come out and said, "Now we don't like you because you are doing this, and we are going to take your doctors away," but indirectly there is that sort of a feeling in the situation. In other words, they are not sympathetic with what we are doing, and I think they are not sympathetic with keeping our organization going.

Now they have asked me to replace all our doctors with older men. We have 11 doctors down in the Richmond area who are over 40, 50, and some as high as 65. Those men can do a limited amount of work—they aren't active any more, they have to sit in one spot. We have a tremendous volume of work taking care of 70,000 men, both industrial and nonindustrial, and it is a job. We need a certain number of young, active men to do that work, particularly our specialists.

When we create this service, we build it around a specialist group—surgeons, orthopedic men, eye, ear, nose, and throat—to give the men the best possible service.

Senator PEPPER. In other words, in any kind of an efficient medical organization which is comprehensive in character, there are a few key men, and if you take those key men out you break down the strength of the organization?

Dr. GARFIELD. That is right.

Senator PEPPER. You say they want to take those key men away from you?

Dr. GARFIELD. They have asked us to replace all the men who are available for Army service.

Senator PEPPER. As a matter of fact, the job those key men are doing is to keep men working in the shipyards and in the other war work that the Kaiser Co. is doing?

Dr. GARFIELD. That is all they are doing.

Senator PEPPER. So they are contributing essential things necessary to the carrying on of the war?

Dr. GARFIELD. That is right, and they are doing it this way—1 doctor to 2,000 men. Now the Army, according to what Mr. McNutt told us the other day, has 40,000 doctors to 4½ million men, approximately. That is 1 to 100. We are doing it with 1 to 2,000. Not only that, but we are taking care of all the sick men, all the men that the Army didn't take. We have no physical examinations on our job, that is a union demand, and even if it wasn't a union demand, we would have to keep everybody working we possibly could. We are taking care of men on those jobs—some of them have cancer and they are physically unfit, all sorts of conditions—but we are keeping them working.

Mr. KAISER. Senator, the doctor is bringing out a point that is very important, and he is bringing out this point—that in the Army we have 1 doctor to each 100 men, where in the army of supply, the men who

are producing the things that those men need in the field to be protected, we only have 1 to 2,000. It is a problem worthy of a lot of consideration, and I don't know what the answer is, but it should be known that that problem exists.

Mr. PEPPER. At least, Mr. Kaiser, if your suggestion were adopted and there were an over-all manpower committee—

Mr. KAISER (interposing). That is the answer.

Senator PEPPER (continuing). The same committee that procured doctors for the armed services would be concerned about the procurement of doctors for this army of supply?

Mr. KAISER. Yes; the whole thing is all one problem.

Senator PEPPER. In other words, while the Army is telling you that you must let them have all your young men, you might say to the Army, "You must take some of our older men"?

Mr. KAISER. That is right.

And Dr. Garfield's position is that with the medical society practically directing and handling the procurement service, if they are not in sympathy with our prepaid medical service—which some of them are and some of them are not, that is clear to everyone—but if they are not, they are not the ones in any case to direct a service of this kind or to be associated with it. There could be prejudice and it shouldn't be there.

Senator PEPPER. Do I understand, then, from you, Mr. Kaiser, and you, Doctor, that although the present procurement and assignment organization under the Manpower Commission occupies on its surface an official status, nevertheless you find, or you believe, that it represents essentially the views of the American Medical Association in its policies?

Dr. GARFIELD. I don't think there is any question about that, and fundamentally they are doing a good job. They don't realize the importance of production, they haven't come over from San Francisco to Oakland to see our shipyards, they don't know what we are doing. I have told them, but that is about as far as it goes. We need somebody in back of it who is primarily interested in what we are doing.

Mr. KAISER. Senator Pepper, I think it is only fair to say that I went to see Dr. Lahey. Dr. Lahey understands this problem; I couldn't imagine a man who could be more devoted and more sincere and with greater leadership, and a very fine individual, but he nevertheless is only one man, and he doesn't control; it is the system that you are concerned with.

Senator PEPPER. That is just, what I was going to suggest, Mr. Kaiser. Dr. Lahey came before our committee a few days ago, and the Doctor exhibited all those fine qualities you have mentioned. Moreover, he exhibited that he was practically an automaton—I say it without deprecation—a marionette for the procurement people in the Army and Navy, they just said, "We want so many doctors," and it was their job to go out and get so many doctors. They did decide sometimes, through the recommendations of the medical association or as a result of a survey, the people in a given community who were eligible to come in, who are essential or nonessential; but essentially there wasn't any agency at the top who was dividing the Nation's medical manpower between the Services of Supply and

the fighting services; that is, the services that were nearer the front line of battle, and that is why you are suggesting the necessity of the over-all consideration of this problem?

Mr. KAISER. That is right.

Dr. GARFIELD. Let me mention our Vancouver problem. It isn't so long.

Up there the Procurement and Assignment Service are very sympathetic with our program; they backed us 100 percent, every doctor we have they said, "You can keep." But they do one thing which stops us, they say to us, "You cannot take care of anybody but your employees."

Now, Vancouver is an area of 18,000 people. In connection with our shipyard workers, Mr. Kaiser has caused to have built about 15,000 family units in the area and bring into those units about 50,000 people. With the men in our yards, there will be an increase of population from 18,000 to 100,000 people in that area. The Procurement and Assignment Board tells us:

Your men are O. K. working at the yards, taking care of your employees, but you must not take care of these families. If you do, we will declare your men nonessential and they will be taken into the Army.

Senator PEPPER. Who told you that?

Dr. GARFIELD. The director of the State procurement service. I have a letter to that effect.

Senator PEPPER. Under the National Procurement and Assignment Service, headed by Dr. Laley, in the Manpower Commission?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. So they told you if you allowed your medical staff to give medical attention to the families of your workers in the same community in which your operations were carried on, that they would punish you by declaring your doctors that were serving these people nonessential and put them into the Army?

Dr. GARFIELD. Yes, sir; we have a letter to that effect.

Senator PEPPER. Is that letter available so that you could allow us to have it?

Dr. GARFIELD. I have a copy of the letter here.

Senator PEPPER. We would like to have it. You just read it, Doctor.

Mr. KAISER. I want to continually impress upon you that we are not here to criticize, we are here to work to help and to get some results.

Senator PEPPER. The thing you are interested in is efficient production for war?

Mr. KAISER. That is right, we are very serious, and it is merely suggestions that we are offering. It is very easy to be selfish, and we don't want to be that way.

Senator PEPPER. Do you find it, Doctor?

Dr. GARFIELD. Yes. It is written by the chairman of the Procurement and Assignment Service.

Senator PEPPER. Go right ahead.

Dr. GARFIELD. Do you want the whole letter, or the part pertinent to this particular thing?

Senator PEPPER. That is all right.

Dr. GARFIELD (reading):

Employees' family care.—That no prepayment plan shall be adopted for the care of the employees' dependents. Further, that such dependents may have all the facilities of the company hospital under the care of physicians of their choice. The company reserves the right of staff supervision—

The "company" is our medical service—

That no full-time physician who is an employee of the company shall treat such dependents except in an emergency. This plan shall be effective until local medical care should become insufficient or unforeseen exigencies arise demanding reconsideration.

Now they don't threaten us there, but that is what they told us in that meeting.

Senator PEPPER. They orally told you that you would have these men classified as eligible for armed service and brought into the armed service if you violated the instructions they gave you here of confining their medical attention to your employees only, except in cases of emergency?

Dr. GARFIELD. Yes. Now, incidentally, that would be satisfactory with us; we are not anxious to go out into the field of taking care of those families.

Mr. KAISER. We haven't the facilities.

Dr. GARFIELD. But there are only 15 doctors in Vancouver. At the present time there are about 40,000 people there, and it is going to be increased to 100,000. Those doctors are working at capacity now. Now all these people coming into that area are going to need medical attention, and it is going to reflect on our job.

Senator PEPPER. Doctor, what I can't understand is—you said that that letter was from the chairman of the Procurement and Assignment Service for doctors in Vancouver, or in the State of Washington?

Dr. GARFIELD. The State of Washington.

Senator PEPPER. Acting under the National Procurement and Assignment Service in the War Manpower Commission?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. What I can't understand is why that agency has the slightest concern about whether any prepayment plan or anything like that is adopted. Has the Manpower Commission adopted any policy on prepayment plans for medical attention for the civilian population?

Dr. GARFIELD. They are using this Procurement and Assignment Service to take care of things that they don't like.

Senator PEPPER. You mean who doesn't like?

Dr. GARFIELD. That the Medical Society doesn't like.

Senator PEPPER. What connection has the Medical Society got with this problem? I thought that was from the chairman of the Procurement and Assignment Committee for doctors in the State of Washington.

Dr. GARFIELD. Well, he is a doctor of the Medical Society.

Senator PEPPER. He is what?

Dr. GARFIELD. You see, the Procurement and Assignment Service are composed of medical men of the Medical Society of Washington.

Senator PEPPER. Does this chairman of the Procurement and Assignment Service have any official position in any of the medical societies?

Dr. GARFIELD. He is chairman of the State medical society.

Senator PEPPER. Oh, he is also chairman of the State medical society?

Dr. GARFIELD. That is right.

Senator PEPPER. So the same man who is supposed to represent the United States of America in the procurement of doctors for the services of the Army and Navy is also the State chairman of the medical society, which is a local branch of the American Medical Society?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. So he takes advantage of his position as a public official to effectuate the policy of his private medical association; is that correct?

Dr. GARFIELD. That is right.

Senator PEPPER. So the relationship, then, between the Procurement and Assignment Service of the War Manpower Commission, and the private organization of private professional men, known as the American Medical Association, is very intimate?

Dr. GARFIELD. Well, they are the same thing.

Senator PEPPER. So that public policy emanates primarily from a private source in many respects, according to your experience, in the procurement of doctors?

Dr. GARFIELD. Yes; I don't want this to be interpreted as an attack on the medical society, it isn't. But they are stopping us from doing something that is very necessary in that area, and which bothers us quite a bit.

Senator PEPPER. And which has a directly injurious effect upon the health and the lives of American citizens, primarily women and children, the families of war workers in the area that you have described?

Dr. GARFIELD. There is no question that it will have. We have the medical staff there to do the job, and people come to us for medical care and we can't take care of them, we are not allowed to, we call doctors from Vancouver to do it, and they are too busy to do it.

Dr. LAMB. In that connection, doctor, this great increase in the population of Vancouver will be the families of your workers?

Dr. GARFIELD. Yes, sir.

Dr. LAMB. For the most part?

Dr. GARFIELD. Those housing facilities were built for our people.

Dr. LAMB. Specifically for them?

Dr. GARFIELD. Yes.

Dr. LAMB. So that the health conditions in those dwellings will be the health conditions of the families of your workers?

Dr. GARFIELD. Surely.

Dr. LAMB. And what happens to those families will directly affect the worker on the job?

Dr. GARFIELD. It goes farther than that. If we should have an epidemic in that housing area, it might stop our job. If we had to quarantine that area, it would stop our job and stop production; it is really a dangerous, critical situation.

Dr. LAMB. And one for which, as the expansion takes place, there are no facilities in sight?

Dr. GARFIELD. No facilities. Now we could provide for it, and that is what we want to do, but we are stopped by this order of the medical society.

Now I haven't gone back to them and argued the thing more, which I should have done. This thing happened fast, and the only reason I am here—I didn't know I was going to be here—but I might go back there and by arguing with them and talking them into it, I might turn them around to our viewpoint, but it would be quite a job because the local medical society does not want us to have anything to do with the medical care of those people. Now they are not equipped to do it, they haven't got the time and they are all busy now. But still they want us to stay out of the picture.

Mr. KAISER. They haven't any hospitals to do it in.

Dr. GARFIELD. The hospitals there are all filled up.

Senator PEPPER. So from what I understand you to say, the Medical Society would rather the women and children who are the families of the war workers in the Kaiser yards in that area, building ships for the United States of America, would go without medical care and attention than that they should receive it through the facilities that you have described?

Dr. GARFIELD. Well, no, they don't say that; they say they will take care of it somehow.

Senator PEPPER. Do they have the facilities?

Dr. GARFIELD. No.

Senator PEPPER. So then what I said is substantially the fact, whether it is the intent or not of the society?

Dr. GARFIELD. Yes.

Senator PEPPER. In other words, if you don't furnish this service to them, it is not available. Yet they don't want you to furnish it?

Dr. GARFIELD. That is right.

Mr. KAISER. The best illustration is that the population has more than doubled, and there have been no increased facilities and therefore there is that situation.

Dr. GARFIELD. There are fewer doctors there than there were 5 months ago, and no hospital facilities have been added except the ones we built.

Senator PEPPER. Doctor, what you say strikes me with particular force, because I have heard it hurled as a criticism against some so-called New Dealers in the Government, that they were trying to advance social gains as a part of the war effort under the cloak of the war. From what you have said, it looks to me as if there may be some who have tried to protect special interests under the cloak of the war, too.

Dr. GARFIELD. Right.

Senator PEPPER. I wanted to ask you, Mr. Kaiser, from what you have said, and from your vast experience, whether it would be proper to say that health is a military necessity, that health is necessary to the war effort?

Mr. KAISER. There isn't any question but what it is, absolutely. We have thought so before the war, best illustrated by what we have done in the way of hospital facilities and care of the men, and we are going on with that after the war, we are going to continually do this thing, because we believe that this will be of benefit to the Medical Association, because we believe that our people should become medically conscious, and when they do there is opportunity for anyone, privately or otherwise. We do not believe that should

be a Government service, we believe that should be an industrial service created by the industrialists who are responsible for employing those men.

SENATOR PEPPER. In other words, Mr. Kaiser, you believe that the doctors would not suffer by health facilities being extended to a larger number of people, because there would be a greater demand for doctors?

MR. KAISER. That is exactly what I believe, but I believe more forcibly that that isn't anywhere near as important as it is to the United States of America that the industrialists who are responsible for the industry of this country take care of those men and provide them with the facilities and give them the opportunity to join with them voluntarily. Unquestionably it should be a foundation and not a profitable institution; it should be a foundation created by industry that should go on and on and be a perpetual care of every man that is employed—and that is my ambition. But it involves a great deal of investment and can only be done gradually. But now that we are in this thing as we are and it is a war supply service, it is of vital importance, and therefore it is of vital importance that the Medical Association or every man in America recognize its vital importance.

The question is if it is not equally as important to serve the supply lines as it is to do the fighting, because if those men are left without service, they cannot do any fighting.

DR. LAMB. First a question, Mr. Kaiser, about this medical care program that you have described. Would you say—I got the impression from something you said earlier that you would say that once this program was known to the workers and had begun to roll, the voluntary prepayment plan would build up in such a way that it would ultimately be on not a profit-making basis, but a balanced-budget basis?

MR. KAISER. That is right.

DR. LAMB. So that any possibility that at Grand Conlee you had originally lost money, was due to the small participation?

MR. KAISER. That is right, that was early; the total service finally came out all right. That was not a foundation. Now I am going ahead with a foundation so that any returns are immediately going to the advancement of that service.

DR. LAMB. I would like to turn to some of the points that you made with respect to manpower mobilization, and take up first the question of freezing.

From what you say, I gather that you think freezing, if it were arbitrarily done, would freeze workers in the wrong place and that the problem is how to equalize the supply which we have between war and essential civilian and at present nonessential industry; to transfer it, and to train and upgrade it, and that a mere freezing without these other facilities will actually worsen our situation rather than improve it?

MR. KAISER. That is right.

DR. LAMB. That is correct, is it?

MR. KAISER. I absolutely believe that in the first place freezing is not necessary, and that it is inadvisable, and that it does affect freedom. And where it affects freedom it affects production, because you must be free to produce whether you are an individual or a group or an industrialist.

DR. LAMB. You suggested a committee. Would you give the composition of that committee again?

MR. KAISER. One member from the Army, one from the Navy, one from the Maritime Commission, one from Agriculture, one from war industries, one from essential civilian industries, a neutral representative, and two from labor.

DR. LAMB. I also note that you suggest the regionalization of this system.

MR. KAISER. Absolutely.

DR. LAMB. Just as far as possible.

MR. KAISER. Absolutely. You not only need to regionalize it, but the men in the regions should also regionalize.

DR. LAMB. So the real basis becomes the individual community, with emphasis on the industries—and especially, of course, the war industries—or agriculture, in that community?

MR. KAISER. The whole thing.

DR. LAMB. But the policies must be centralized and as far as possible balanced?

MR. KAISER. That is right.

DR. LAMB. For the country as a whole?

MR. KAISER. That is right, that is what the nine-member committee does, it establishes the policies and these individuals carry them out actively.

DR. LAMB. Would you have similar regional committees, or simply one national committee?

MR. KAISER. No, no; one man—

DR. LAMB (interposing). One man in each region to be the director of the region?

MR. KAISER. Yes; to get the job done.

DR. LAMB. Your opinion would be, then—and I say, as you must know, some of your critics have suggested that in going across the country to get labor you have been further disrupting the labor market—would you reply to that that this was a natural action which any industrialist under the circumstances would have to take until such time as order was brought out of this particular chaos?

MR. KAISER. Well, that is true, and the result of it has been that the unions are now taking over that responsibility at their own request. They have now offered to do that job. That is a part of the union's job. If they are going to manage labor they also have to provide it, and yet they can't be completely free, and through this sort of a system it would apply to everyone, and the little fellow could do exactly what we did at New York, he could get it through this kind of a system. This is not a selfish suggestion, it is a suggestion that provides for every industry. This is a cooperative thing, and each industry relies on the other industry for something, and therefore this would accomplish that.

DR. LAMB. In other words, your suggestions here arise out of your recent experiences, and are an attempt to regularize the situation which you have discovered?

MR. KAISER. That is true. We don't feel that every single individual could immediately do what was done there, but what was necessary to do to get the results, the men were idle there, we cooperated with the Government in doing it, under their direction. It wasn't what many criticize us about.

Mr. MILLER. We were told to go to New York by the United States Employment Service. We went to them and said, "Where can we get men?" and they said, "Go to New York, they have 400,000 unemployed there." We would have preferred to go much closer home, but they wouldn't let us.

Mr. KAISER. We did instantly what we were told to do.

Dr. LAMB. You gave a figure of 25 percent as an illustration of the number of women who might be employed in shipyards or shipbuilding. Was that a rough estimate?

Mr. MILLER. That was just using an example. We are now conducting in our shipyards an actual survey in each department to determine how many women we can use in the various crafts. That survey is not completed, and any figure until then is merely a guess. We will have that accurately very shortly.

Mr. KAISER. Such a figure could be immediately given by each industry in an area to the regional man, and this thing could act very quickly and rapidly under those circumstances.

Dr. LAMB. What would your response be to the establishment of a system which has been suggested recently, and already operates in England, of labor supply or labor utilization inspectors to operate out of the manpower agency, to transmit from one plant and operation to another the experiences gained, one from the other, and to investigate the extent to which full labor utilization is being accomplished within the plant?

Mr. KAISER. I think that is always very helpful, but whether it is rapid enough for the action that you need, I think that should go along with this and be very helpful. You mean that the studies—

Dr. LAMB (interposing). These wouldn't be studies conducted at a distance; this isn't the question of the Manning table or occupational analysis; this is an actual production engineer job trying to tailor-make the labor utilization, plant by plant, so that you bring the less effective and efficient plants up to the level of the best, as far as that is possible, and at the same time operate in connection with, for example, your occupational deferment boards, so that the selection of men to be taken from the plants, men with certain skills, would be on a balanced basis.

For example, if you had a man who ought to be deferred temporarily, he wouldn't be taken immediately; but, on the other hand, he wouldn't be guaranteed a permanent deferment, but only for a period to train up his successor, that sort of arrangement.

Mr. KAISER. It is a recommendation board you suggest, is it?

Dr. LAMB. I am suggesting two things: Labor utilization inspectors to operate out of the manpower agency in close collaboration with the contracting agencies; and, at the same time, occupational deferment boards to separate the deferment from the present local board and put it in the hands of technically qualified people, the inspector to operate very closely with the occupational deferment board so that individual deferments are on the basis of actual skill.

Mr. KAISER. Let's assume you had that, and then this suggestion we have applied. He would still be under that regional office?

Dr. LAMB. Yes.

Mr. KAISER. I think it would be very helpful, because he needs all the services he can get of that kind.

Dr. LAMB. And by that means it is hoped that the information as to the uses being made throughout the area would be centralized, and for example your nonessential civilian industries could quickly be drawn down.

Mr. KAISER. I think it would be very helpful.

Senator PEPPER. Mr. Kaiser, you feel that it is necessary in the husbanding of our manpower that we differentiate between the essential and the nonessential industries?

Mr. KAISER. Oh, yes.

Senator PEPPER. For example, somebody engaged in a certain unnecessary type of recreation or in the making or distribution of some luxury, would have to be drawn out of that industry into one where his services were needed in the national effort?

Mr. KAISER. Yes, sir.

The best illustration I can give you of that is this. Before the war, or just about at the time of the war, we had erected a cement plant that produced many hundreds of barrels of cement that were sold to the trade. And immediately upon war being declared, we issued instructions to them that no more cement was to be sold except to war industries. We lost our entire sales department immediately—of course, there was no need for them—but we felt that nothing should be directed except in the interests of the war.

Senator PEPPER. Mr. Kaiser, you have made an enviable record for organization. I assume that one of the essentials to organization is the ability to see the over-all picture, to put all the parts in the clock so they will all work together and keep time?

Mr. KAISER. That is right.

Senator PEPPER. So that you have suggested an over-all civilian authority which will have to do with the manpower problem of the United States of America?

Mr. KAISER. Yes.

Senator PEPPER. Now the United States of America is engaged primarily in the essential business of conducting a war.

Mr. KAISER. Yes, sir.

Senator PEPPER. So that around that essential purpose must be organized the manpower resources of the country, and they must be effectively mobilized into action consistent with that purpose?

Mr. KAISER. Yes, sir.

Senator PEPPER. Dr. Weber has some questions.

Mr. KAISER. Of course, the Army, Navy, and Maritime are also involved in this committee.

Senator PEPPER. I understand. But some people have spoken about putting the policy of compulsion into immediate effect, and some have even thought that Selective Service—which is purely a military organization—might be the agency that ought to handle the civilian use of manpower. You would not subscribe to that?

Mr. KAISER. I have never been successful in doing anything by compulsion, and I think industry and the Navy and the Army should be first given the job to do this, and to show that we can do things by free movement.

Senator PEPPER. Dr. Weber.

Dr. WEBER. I wanted to ask what your experience has been with occupational deferment?

Mr. MILLER. I think I am a little closer to that than Mr. Kaiser is. The experience with occupational deferment has not been very satisfactory. We don't get a very large percentage of our men deferred, and it is hard to say just what the general answer is because we find that each draft board, although they have instructions which they are supposed to follow, they each act as individual agencies and each makes their own policy. Where one draft board will be very helpful and recognize that shipyard construction is an essential industry and go along with us, some other local board will take the position, "Well, we need the men." They have quotas to fill. It is because of this unbalanced quota system, where one draft board has all the 1-A men exhausted and have to take the 2-A's and 3-A's. Another draft board has a lot of 1-A's and they don't bother us very much. It is not coordinated, it is disorganized, and results show that.

Dr. WEBER. How many separate local draft boards do you deal with?

Mr. MILLER. In the one yard I am connected with, Vancouver—I can't answer that question, because we take men from all over the country, and those men remain under the jurisdiction of their local draft boards, whether from New York or Missouri or wherever.

That is another point, they are so far from their homes that those particular boards have no conception of what we are doing, and we can't get any consideration from them at all. They are back there, and that man has left the country and they say, "Let him go, we will keep the local boys at home."

Mr. KAISER. How many have we under training at all times, roughly, in your yard, Mr. Miller?

Mr. MILLER. Three or four thousand people going through school all the time.

Mr. KAISER. We have 3,000 or 4,000 going through school all the time. Multiply that by as many yards as there are in the Nation—but by 8 yards in our case, and we have 32,000 men going through school.

You may have just gotten them through school and they don't have any knowledge, they either get frightened and decide they want to join, or this or that, and the training is then hopeless.

Mr. MILLER. We lose more by enlistment than by actual draft, but it is mostly enlistments of those who expect to be called, so they can be more selective as to the branch of service they go into.

Dr. WEBER. Are you losing skilled workers?

Mr. MILLER. Yes; and in addition to the skilled workers we are also losing supervisory workers, and it is harder to fill such jobs. We can't teach supervision, and your production can only be as effective as your supervision.

Dr. WEBER. And you have requested deferment for those skilled workers?

Mr. MILLER. Yes; and in some cases we have got it, and in some cases we haven't, depending upon the attitude of the local board.

Dr. WEBER. The decision depends completely upon the individual local board?

Mr. MILLER. There is a recourse of an appeal, but in most cases we find the local board turns it down unless we have a very specific case.

Dr. WEBER. Have you appealed in any cases?

Mr. MILLER. Yes; in a number of cases.

Dr. WEBER. What has happened to the appeals, in the main?

Mr. MILLER. In some cases we have been successful, and in other cases not.

Dr. WEBER. Do you find that the local board confers with the local employment service on the question of occupational essentiality?

Mr. MILLER. I don't know—you mean the United States Employment Service?

Dr. WEBER. That is right.

Mr. MILLER. I don't know how closely they work together.

Dr. WEBER. What are you recommending, specifically, to deal with occupational deferment?

Mr. MILLER. In this particular plan, by putting both the military requirements and the industrial requirements under one board; then set up a specific plan where you would draw all the 1-A men except those few—there aren't a lot of 1-A men who are skilled mechanics, because most of them are younger people. Give us a definite policy that we are going to withdraw all the 1-A men from your yard as of a certain date. The advantage of having it as a national policy is that you get a uniform withdrawal all over the country.

In our particular area at Portland, where we have doubled the working population in the last year, we still have quotas based upon the old original population. Now there are other areas in the country where there hasn't been any great influx of war industry, and their quotas are too low for military service in comparison to what they need for industrial service. We are balanced on the other side—there is no uniformity.

Dr. WEBER. You want, then, an agency which will make decisions between agriculture, industry, and the Army, in the first instance?

Mr. MILLER. Yes, sir.

Dr. WEBER. And, secondly, to establish national policies on withdrawals of the labor force?

Mr. MILLER. Rather than local; yes.

Dr. WEBER. And, third, this agency to make these decisions on withdrawals on the basis of occupational essentiality?

Mr. MILLER. Right.

Senator PEPPER. Mr. Kaiser, we are very much obliged to you. You know there is a whole lot we would like to ask you about, but we must respect your time.

Thank you very heartily for coming.

Mr. KAISER. Thank you.

Senator PEPPER. Dr. Morris Fishbein.

STATEMENT OF DR. MORRIS FISHBEIN, EDITOR, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, CHICAGO, ILL.

Dr. FISHBEIN. Would it be remiss to ask that Dr. Garfield remain while I correct some matters and so that he might correct me if I am wrong as to certain statements he made?

Senator PEPPER. This is not a debating society between you and Dr. Garfield, but if he cares to remain we would be glad to have him.

Dr. FISHEIN. I understand that; it is just on the question of policy.
 Senator PEPPER. Will you state your name?

Dr. FISHEIN. Dr. Morris Fishbein.

Senator PEPPER. Where do you live, Doctor?

Dr. FISHEIN. Chicago.

Senator PEPPER. Where did you receive your medical education?

Dr. FISHEIN. The University of Chicago and the Rush Medical College, Chicago.

Senator PEPPER. How long have you been engaged in the practice of medicine?

Dr. FISHEIN. Following my graduation I was about a year and a half in practice and in pathologic research.

Senator PEPPER. And where was that carried on, largely?

Dr. FISHEIN. In Chicago.

Senator PEPPER. You have been in active practice only about 1½ years since your graduation?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. That covers what period, doctor?

Dr. FISHEIN. From 1912 to toward the end of 1913.

Senator PEPPER. You are not now engaged in the practice of medicine?

Dr. FISHEIN. No, sir.

Senator PEPPER. What is your employment at the present time?

Dr. FISHEIN. I am editor of the Journal of the American Medical Association, and of Hygeia, a health magazine. I also am professorial lecturer of medicine at the University of Chicago School of Medicine, and the University of Illinois.

Senator PEPPER. What are the subjects of your lectures?

Dr. FISHEIN. Medical economics and history of medicine.

Senator PEPPER. They are not technical subjects?

Dr. FISHEIN. Not practical medicine.

Senator PEPPER. How long have you held your present position?

Dr. FISHEIN. I have been editor since 1924, and assistant editor from the end of 1913 up to 1924.

Senator PEPPER. In what manner were you chosen for your present position?

Dr. FISHEIN. I was chosen by the board of trustees of the American Medical Association, which is the body elected by the house of delegates to administer its affairs.

Senator PEPPER. Will you give us a brief summary as to the nature of the organization known as the American Medical Association, the number who are in it, and what its organizational set-up is, Doctor?

Dr. FISHEIN. The American Medical Association is a voluntary organization, voluntary membership organization. There are in the United States about 176,000 doctors licensed to practice. There are 123,000, approximately, who are members of the American Medical Association.

These members are organized into county medical societies, which in turn are organized into State medical societies. The county medical societies elect delegates to the State medical associations and the house of delegates of each of the State associations elects delegates to the house of delegates of the American Medical Association. The house

of delegates of the American Medical Association is the body charged with establishing all policies of the American Medical Association.

Senator PEPPER. Do you have annual conventions?

Dr. FISHEIN. There is an annual convention of the house of delegates and of the organization, and in addition to that, special meetings when called for.

Senator PEPPER. That annual convention embraces which house of delegates, the national house?

Dr. FISHEIN. The national house of delegates.

Senator PEPPER. The one that is elected by the States?

Dr. FISHEIN. By the State house of delegates.

Senator PEPPER. And the national house of delegates selects a board of trustees?

Dr. FISHEIN. The national house of delegates selects a board of trustees.

Senator PEPPER. How many are there on that board?

Dr. FISHEIN. There are nine members of the board of trustees. Two are elected each year to serve a term of 5 years, and the maximum term is 10 years for any trustee.

Senator PEPPER. You are employed, then, by the board of trustees?

Dr. FISHEIN. I am employed by the board of trustees.

Senator PEPPER. Do you have a national headquarters of the association?

Dr. FISHEIN. The national headquarters is in Chicago.

Senator PEPPER. How much of a clerical and managerial staff is employed?

Dr. FISHEIN. We employ from 630 to 640 people.

Senator PEPPER. Are you considered the executive director of the organizational set-up of the association?

Dr. FISHEIN. No, sir; the association is organized with a secretary and general manager, who is the executive director. That is Dr. West. I am the editor in charge of publications.

Senator PEPPER. Who determines the public policy for the association?

Dr. FISHEIN. The house of delegates determines all policies, and the officials of the association are charged with maintaining and extending to the profession the policies of the association.

Senator PEPPER. Do you sit in with the group which determines the policies of the association?

Dr. FISHEIN. I have no voice in the house of delegates except when called to give information.

Senator PEPPER. As a practical matter, do you consult with the members of this body in the formation of policies?

Dr. FISHEIN. I may appear before any committee. All actions of the house of delegates are taken by setting up a reference committee which hears the proposed action, and any member of the association may appear before any reference committee. The reference committee brings back its report to the house and then the house acts on the report of the reference committee, after debate.

Senator PEPPER. As a practical day-by-day matter, the articulation of the policy occurs primarily in the publication known as the Journal of the American Medical Association?

Dr. FISHEIN. Yes.

Senator PEPPER. Of which you are editor?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. So that you are the one who articulates these policies that are formed, you say, by these authorities?

Dr. FISHEIN. Of course, the proceedings of the House of Delegates are published, broadcast, to the medical profession and the Nation as soon as an action is taken; the articulation of the policy is in the proceedings of the house of delegates which are published as a routine matter without modification.

Senator PEPPER. How many times are those publications issued; how many times is the action of the house of delegates published?

Dr. FISHEIN. It is published at once when the action is taken, and then maybe it is published repeatedly if discussion is needed.

Senator PEPPER. How many times per year is the Journal of the American Medical Association published?

Dr. FISHEIN. Every week.

Senator PEPPER. So the public gets a chance to see and hear the articulation of the Journal of the American Medical Association a great deal more than they hear what is uttered by the body which you refer to, does it not?

Dr. FISHEIN. That depends, of course, on the importance of the policy in relationship to the public situation.

At the last annual convention of the association in Atlantic City there were in attendance representatives of every press association and important newspaper in the country, so that the actions were widespread throughout the Nation.

Senator PEPPER. But the only weekly publication, the only regular periodical of the American Medical Association, is the Journal of which you are the editor?

Dr. FISHEIN. No; there is also another publication which is sent to all newspapers and press agencies throughout the country each week.

Senator PEPPER. What is that?

Dr. FISHEIN. That is known as the American Medical Association News. So that all matters having to do with activities are sent out each week.

Senator PEPPER. Who is the editor of that?

Dr. FISHEIN. A layman named Lawrence Salter.

Senator PEPPER. Is his office in the headquarters of the association in Chicago?

Dr. FISHEIN. Yes.

Senator PEPPER. Is there any practical cooperation between you and him?

Dr. FISHEIN. He prepares the publication, and naturally it is O. K'd by the editor and the general manager.

Senator PEPPER. Which means you?

Dr. FISHEIN. And Dr. West.

Senator PEPPER. So, as a matter of fact you are considered are you not, Doctor, the able and eloquent voice of the American Medical Association?

Dr. FISHEIN. Well, that is not my term.

Senator PEPPER. Maybe I should have said the pen instead of the voice?

Dr. FISHEIN. I prefer to be known as the editor of the Journal of the American Medical Association.

Senator PEPPER. Oftentimes we cannot limit ourselves below the reputation that we have gained, Doctor. As a matter of fact, do you make any public addresses?

Dr. FISHEIN. Many.

Senator PEPPER. Roughly, how many speeches do you make in the course of a year, would you say?

Dr. FISHEIN. About 100.

Senator PEPPER. Does any other official of the American Medical Association make as many addresses?

Dr. FISHEIN. I would say that many of them make addresses. Dr. Boyer, who is head of our bureau of health education, makes perhaps 60 addresses a year.

Senator PEPPER. He speaks primarily about public health matters, more or less on technical subjects I would assume?

Dr. FISHEIN. He speaks on public health. Now each of our trustees makes addresses. I would say that on an average each trustee may speak from 10 to 12 times a year.

Senator PEPPER. On matters of American Medical Association policy?

Dr. FISHEIN. Almost wholly on policy.

Senator PEPPER. But it would not do any disservice to the great contribution that you have made to the medical association would it, Doctor, to say that so far as the American public is concerned, and generally so far as the American Medical Association members are concerned, you are the man, the official, the agency, through which the policies of the American Medical Association are regularly expressed in writing and in speech?

Dr. FISHEIN. That is correct; yes, sir.

Senator PEPPER. Now, Doctor, would you be good enough to tell us whether you are acquainted with the Assignment and Procurement Service, or rather the Procurement and Assignment Service which is set up under the War Manpower Commission?

Dr. FISHEIN. I am acquainted with that service.

Senator PEPPER. Who is the head of that?

Dr. FISHEIN. Dr. Frank Lahey.

Senator PEPPER. He was at one time president of the American Medical Association, was he not?

Dr. FISHEIN. Yes, at the time he was appointed head of the Procurement and Assignment Board.

Senator PEPPER. He has some assistants?

Dr. FISHEIN. He has a board, including four other men.

Senator PEPPER. Are they members of the American Medical Association?

Dr. FISHEIN. There are 123,000 members of the American Medical Association and it may almost be taken for granted that any physician of any repute at all is a member, so that these men are all members except Dr. Camalier who is on that board and is a member of the American Dental Association—C. Willard Camalier.

Senator PEPPER. Did you have anything to do with Dr. Lahey's selection as chairman of the Procurement and Assignment Board of the War Manpower Commission, for doctors?

Dr. FISHBEIN. The establishment of the Procurement and Assignment Board—I can give you the complete story of it if you wish, it is a little long—

Senator PEPPER (interposing). Let me ask you this? Did you make any recommendations on the subject?

Dr. FISHBEIN. I was one of some 30 men who made the recommendations of a group of men to the Coordinator of Health, Defense, and Welfare.

Senator PEPPER. Who was that Coordinator?

Dr. FISHBEIN. Mr. McNutt was, at that time.

Senator PEPPER. You recommended along with some other people, to Mr. McNutt, that Dr. Lahey be selected as chairman of this Procurement and Assignment Board?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. At that time Dr. Lahey was president of the American Medical Association?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. And Dr. Lahey accepted that responsibility and has occupied that position since that time?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. Now, Dr. Fishbein, was a survey made of the doctors of the country by the American Medical Association?

Dr. FISHBEIN. The American Medical Association established, about 1905, a regular system of keeping a record available of every physician in the United States, including as well his record of graduation, his background after graduation, his preliminary education, and a record of the deaths of physicians. That directory is published every 2 years. It is maintained as a going concern so that week by week it is kept up to date.

When, in June 1940, it appeared that we might be engaged in a war, the Surgeons General of the Army and the Navy asked the house of delegates of the American Medical Association, at its meeting, to make a study of the available manpower of the Nation in the field of medicine in order to make certain that a rapidly expanding Army and Navy, and industry, and the civilians of the country might be provided throughout the period of the emergency with adequate medical service, it was recognized at once that the demands of a large Army would be considerable.

Senator PEPPER. You say "with adequate medical service"—did they ask you to decide also the question as to whether the country and the civilian and military population needed any more doctors than the country already had available?

Dr. FISHBEIN. That question was to be included in the study; yes, sir. So that immediately following that session a meeting was held with the Surgeons General of the Army and the Navy and the board of trustees of the American Medical Association, who set up a committee on medical preparedness which was to be charged with the function of preparing the medical profession for the emergency.

In June 1940, therefore, plans were made to make a new and immediate survey of the entire medical profession of the country in order to determine how many physicians would be willing to volunteer at once for the armed forces in case of need, since at that time obviously the only source of medical officers for the armed forces was voluntary enlistment.

Then, when the Selective Service Act was passed, obviously there was another source for medical officers of the Army, namely, those men included under selective service who were also physicians.

Now, immediately the results of that survey were transferred to a punch-card system, and that punch-card system was established in the headquarters of the American Medical Association, and on each punch card there are some possible 80 different points regarding each physician in the country, with regard to his availability for any of these services, the Army, the Navy, industrial medicine, or civilian practice.

When it became apparent that this problem was one of much larger scope than one that could be handled by any civilian organization, it was suggested that since the Government had itself already established a National Roster of Scientific and Trained Personnel, which did not, however, include the data regarding the medical profession and the dental profession and the veterinarian profession, that the A. M. A. turn over to the Government its punch-card system covering the doctors of the country. So a complete set of similar cards was made and presented to the National Roster of Scientific and Trained Personnel, which is now a part of the War Manpower Commission.

Senator PEPPER. Who made up the Roster of Scientific and Trained Personnel other than the doctors—

Dr. FISHBEIN (interposing). That was made up, I believe, originally, as a part of the National Resources Planning Board.

Senator PEPPER. It was made by a public agency?

Dr. FISHBEIN. By the Government.

Senator PEPPER. But in the case of the doctors the roster was prepared by the doctors themselves?

Dr. FISHBEIN. Well, I will proceed now. The original inventory was prepared by the doctors themselves and it was decided to turn this over and our cards were copied completely and turned over to the National Roster of Scientific and Trained Personnel. By that time, however, we were already in the war and there had been considerable shifts of population and of the medical profession. I would say that by that time already at least 20,000 physicians had gone into the armed forces. So a new questionnaire was prepared by the Procurement and Assignment Service, working with the National Roster for Scientific and Trained Personnel. That new questionnaire, which was developed by them, was then sent again to every doctor and dentist in the United States and to the veterinarians, and they now have the two sets, they have the original set and they have the newer inventory which was made in 1942.

Senator PEPPER. That last questionnaire is not the one which Dr. Lahey referred to as the one which was accompanied by a very strong intimation that if they didn't come in as the Procurement and Assignment Service suggested, their names would be turned over to the selective service, was it?

Dr. FISHBEIN. That intimation, of course, is implicit in the Selective Service Act and need not be an intimation. Every man in the United States under 45 years of age is subject to selective service; so it is not necessary for the medical profession or anyone to turn over their names to selective service.

Senator PEPPER. But if I understood Dr. Lahey correctly, at the time the Procurement and Assignment Board sent out the call for

the doctors that they regarded as nonessential, to come in, they also sent a copy of that call to Selective Service authorities, which gave a very strong suggestion to the recipient of the Board of Procurement and Assignment's message that if they didn't comply with its direction, there would be coercion applied to them by the Selective Service authorities, is that right?

Dr. FISHEIN. Of course, I happen to have seen all of the statements sent by Selective Service to the Selective Service Boards, and I happen to have seen also all of the letters sent by Procurement and Assignment to individual physicians, and I would not have said that there was coercion.

Senator PEPPER. You mean that you have been working intimately with the Selective Service authorities in the procurement of doctors?

Mr. FISHEIN. No.

Senator PEPPER. How did you happen to see these letters?

Dr. FISHEIN. There are 28,000 doctors contributing their services to the Selective Service Boards, and these doctors naturally make available to anyone—these things are available to everyone, you can go into any Selective Service Board or Appeal Board and see the memoranda sent by Selective Service—those are public property.

Senator PEPPER. You saw these directives in the headquarters of Selective Service?

Dr. FISHEIN. I have seen such directives in the headquarters of Selective Service. There is also a medical department of Selective Service headed by Colonel Roundtree.

Senator PEPPER. Do you have any official position in that medical department of Selective Service?

Dr. FISHEIN. No, sir.

Senator PEPPER. But by reason of your prominence in the medical profession and your responsible place in the direction and expression of policy for the American Medical Association, you have had an intimate relationship with these medical authorities in the Selective Service System?

Dr. FISHEIN. I would say that primarily as an active journalist I see pretty nearly everything that I can see that would interest the readers of my magazine.

Senator PEPPER. I wonder if other publishers of magazines are given the same entree to the records of the Selective Service System?

Dr. FISHEIN. I have not seen the records of the Selective Service System; I have seen the memoranda issued to local boards and appeal boards, which are generally published widely.

Senator PEPPER. I wonder if other personnel in Selective Service headquarters is kept in as intimate touch with their professional connections in the country as the medical authorities appear to have kept you informed as to what was of medical significance?

Dr. FISHEIN. I should think so. I have sat in at meetings of the American Council of Education, and I happen to know that the engineers of the country, and the architects—all trained personnel—are well in touch with the plans regarding the procurement of trained personnel. That is obviously necessary, since you begin in the grade school to prepare men for trained positions.

Senator PEPPER. I was wondering whether or not you would say that because of your influence, or rather your association with these

medical authorities in the Selective Service System, that you or the American Medical Association has had any material influence upon the policy of the Government with respect to the procurement of doctors?

Dr. FISHEIN. I would say only insofar as we have published our opinions and they have listened to them.

Senator PEPPER. Does the Board of Procurement and Assignment have doctors acting under the Manpower Commission of any State organization?

Dr. FISHEIN. They have an organization not only in each State but in each corps area.

Senator PEPPER. Who constitutes the head of the State organization?

Dr. FISHEIN. In each State the Procurement and Assignment Board itself selected its own State representatives; those vary in different States.

Senator PEPPER. As a matter of fact do you know any of the heads of the State boards and know whether or not they have any connection with the State medical associations?

Dr. FISHEIN. I would say that some do and some don't. The endeavor was, I believe, to find in each instance a doctor who was of sufficient age so that he himself would not be called into the military service, because the medical profession has viewed the problem as being first the supplying of the armed forces with the physicians necessary to meet the needs of troops in camp, in training, and in combat.

Senator PEPPER. Who was it that had that idea?

Dr. FISHEIN. That idea was the general idea of the medical profession as a whole. The original policy adopted by the house of delegates stated that.

Senator PEPPER. Did I misunderstand you? When you speak of the plan of the American Medical Association or of the medical authorities for furnishing medical facilities to the armed services, are you talking about some agency other than the Government deciding how it would use its medical personnel?

Dr. FISHEIN. No, sir; we have no authority over medical personnel. The A. M. A. has no authority and the Procurement and Assignment Service has no authority; the authority rests with the local boards.

Senator PEPPER. The chairman of the Procurement and Assignment Board at the time of his selection was president of the American Medical Association?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. Could you tell us in how many States the head of the Procurement and Assignment Board was, at the time of his selection, or is now, head of the medical society for that particular state?

Dr. FISHEIN. I would say that in a small proportion, the smallest proportion, it was the president. In some instances it was the chairman of the council; in some instances it was the secretary; in some instances it was the chairman of the committee on medical preparedness of the State medical society; and in some instances it was a physician who was merely known to be the best physician available for the position.

Senator PEPPER. In how many States would you say, from your intimate acquaintance with the organization of the State societies,

it was true that some official of the State medical society was the State head of the Procurement and Assignment Service?

Dr. FISHBEIN. Well, does that go down to committee appointments also in the State?

Senator PEPPER. You know, Doctor, what I am getting at.

Dr. FISHBEIN. We have the State president, the State vice president, the secretary of the State medical society, the council of the State medical society, the house of delegates of the State medical society with its chairman. Then we have innumerable committees; we have the committee on medical preparedness of the State medical society.

I would say that in practically every instance—well, not every, because I could name possibly five where the man had held no position in the State society—but let's say that in 43 States the man had a relationship to the State medical society.

Senator PEPPER. Now, Doctor, as a matter of fact—it is a fact, is it not, that in setting up its Procurement and Assignment Service the United States Government essentially took over the organization of the American Medical Association?

Dr. FISHBEIN. No; that would not be true.

Senator PEPPER. Well, they took over the president of the American Medical Association?

Dr. FISHBEIN. But we change our president every year.

Senator PEPPER. And they took over in the States some official or some prominent committee member of the A. M. A. to be the head of the State Procurement and Assignment Service for doctors?

Dr. FISHBEIN. That would have to be coupled with the statement that practically every reputable doctor in the United States is a member of the A. M. A.

Senator PEPPER. I didn't ask you whether they took over members or not. In the case of Dr. Lahey, they took the president of the A. M. A.?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. And you have already told us that in several States they took over generally—there may have been an exception in 5 States—but in at least 43 of the 48 States they took over one of the officials, one of the prominent officials of the State medical society, or one of the prominent committee chairmen, as head of the State Procurement and Assignment Service?

Dr. FISHBEIN. That would be correct, usually the chairman of the committee on medical preparedness in that State.

Senator PEPPER. So that all the men who have been active in the functioning of the Procurement and Assignment Service—or most of them—have been active in the affairs of the American Medical Association?

Dr. FISHBEIN. Well, of course, that is a question which is very difficult to answer, when you say "All." If you would say "most of the men," I would say yes.

Senator PEPPER. Now then, doctor, Dr. Lahey I believe further testified to us that the quotas were turned over to them by the armed services and—

Dr. FISHBEIN (interposing). The armed services stated to them their need for physicians.

Senator PEPPER. And they went out to get the personnel that the armed services required?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. Now you have heard the statement made here this morning that Mr. McNutt had stated that we had in the armed services essentially 1 doctor for each 100 men—is that statistically correct?

Dr. FISHBEIN. The Army endeavors to secure 6.5 doctors per thousand men, of, of course, if you take the Army and the Navy together, we have, I believe, to give a round number because we are not supposed, I believe, to give exact figures, something over 40,000 doctors in the armed forces at this time.

Senator PEPPER. Well now, Doctor, did any authority, representing the needs of the civilian population of this United States for health attention, sit in at the time those quotas were made and those directives were issued?

Dr. FISHBEIN. The quotas of the Army?

Senator PEPPER. Yes—to consider what the needs of the civilian population were?

Dr. FISHBEIN. As far as I know, no civilian has endeavored, in the field of medicine, to tell the Army what their needs were.

Senator PEPPER. Obviously the taking of doctors from the country will affect the public health, will it not?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. You regard the doctors and the nurses, of course, as essential to the maintenance of the public health?

Dr. FISHBEIN. Yes, sir.

Senator PEPPER. So that it is almost possible to say that in the fixing of the quotas for the armed services, the public health—thinking of the health of the civilian population—was not considered?

Dr. FISHBEIN. No; it would not be possible to say that because after all the Procurement and Assignment Service was charged by the President in his directive, with the conservation of civilian health, of industrial health, and of the health of the armed forces.

Senator PEPPER. Do you know of any instance, Doctor, where the Procurement and Assignment Board turned down any request for a quota that was issued to them in the form of a directive or request by the armed services?

Dr. FISHBEIN. I would say rather that the Procurement and Assignment Service approached the matter scientifically—

Senator PEPPER (interposing). Will you excuse me—I am trying to get an answer to my question. Did they turn down any request made by the armed services?

Dr. FISHBEIN. I would say that in certain instances when the armed services had requested a man, they had refused to release that man, having declared him essential for civilian health. That has happened many times.

Senator PEPPER. Well, the armed services never did tell them what man to call in as an individual, so Dr. Lahey testified?

Dr. FISHBEIN. Oh yes, because men enlist voluntarily and the man who enlists voluntarily is cleared through the Procurement and Assignment Service just as well as the man who is drawn in by his draft board.

Senator PEPPER. Now in the State of South Carolina, if I recall correctly the testimony of Dr. Lahey, there had been a survey made and a quota established as to the number of doctors that could be taken from that State.

Dr. FISHEIN. Yes, sir.

Senator PEPPER. And that was being handled on a State-wide average by 1 doctor to every 4,100 people.

Dr. FISHEIN. That is a little tall, but I have the exact figures and I can leave them here.

Senator PEPPER. And the quota that was established for that State was, by the various means by which doctors were taken into the armed services, after a while 170 percent.

Dr. FISHEIN. Yes, sir.

Senator PEPPER. So that in a State which already had a deficiency of doctors the existing system allowed 70 percent more doctors to go into the armed services and out of the civilian population, than the American Medical Association had said was the quota for that State, isn't that a fact?

Dr. FISHEIN. Well, let's get that straight again.

Senator PEPPER. Is that or is that not a fact?

Dr. FISHEIN. That is not a fact. The American Medical Association had nothing whatever to do in any way, shape, manner, or form with establishing quotas for anything.

Senator PEPPER. Did the Procurement and Assignment Service make up those quotas?

Dr. FISHEIN. The Procurement and Assignment Service decided of itself, and without any consultation with the American Medical Association, that they wished to set for this year a minimum of 1 doctor to each 1,500 people remaining in the civilian population. That figure was reached on the basis of innumerable studies which had been made by various agencies including the United States Public Health Service, our own Bureau of Economics, the British figures, which had to do with Britain's method of securing physicians, the method of securing physicians in Sweden and Spain and so forth; and on the basis of all those figures the Procurement and Assignment Service itself established as a reasonable quota for this year, 1 doctor to each 1,500 people, and made the statement that when the enrollment had reached that figure physicians would not be further withdrawn from that State.

Senator PEPPER. That statement wasn't kept then, was it?

Dr. FISHEIN. I would say this, that in some of those States there never was 1 doctor to each 1,500 people, there never was a ratio of 1 doctor to each 1,500 people. There are many areas of the country where that figure has never prevailed. Naturally you could not have begun the war, perhaps, on the basis of saying, "We will take no physicians from South Carolina."

Senator PEPPER. You don't mean to say, Doctor, that Dr. Lahey and his staff didn't know that?

Dr. FISHEIN. They knew that, they knew that very well, but bear in mind that before—

Senator PEPPER (interposing). Are you aware of the testimony that he gave that they had weighted these quotas, taking into consideration the disparities in the several States?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. You don't mean to say that Dr. Lahey wasn't capable of doing a competent job in the making of these quotas, in the setting of these quotas?

Dr. FISHEIN. I think the Procurement and Assignment Board has done a most competent and efficient job all the way through.

Senator PEPPER. And you would regard Dr. Lahey as competent to take into consideration these differentials, and when he says that he made a weighted quota for South Carolina, you would think that he knew what he was talking about?

Dr. FISHEIN. That is correct.

Senator PEPPER. And when he later came in and said that South Carolina had contributed 170 percent of that quota then the conclusion is inescapable, is it not, that in some way or another there was not a proper coordination in the protection of the health of the armed services and of the civilian population?

Dr. FISHEIN. We began the war with the highest percentage of physicians to population of any nation in the world, approximately 1 doctor to each 700 people. We had a disproportionate distribution of those doctors, which is a fact that has been known at least since 1913, namely that it is the tendency of doctors to congregate in large cities. A disproportionate distribution of doctors has always prevailed in this country to a considerable extent, but there I want to be fair and say also that there are other disproportions in this country which have not yet been settled.

Now when you began to enroll doctors there seemed to be such a vast supply of doctors for an army in training of one million men—which was at first contemplated as everyone knows—that no thought was given to the idea that we might strip any portion of the country.

Then, after Pearl Harbor, when we moved up suddenly to a concept of an army of 4½ million men in the armed forces, your demand became tremendously greater on all types of professional service, including doctors. Now, when you move up to 7½ million there will be still more—

Senator PEPPER (interposing). Yet it is a fact, is it not, Doctor, that so far, at least up to the present time, in the recruitment of doctors there has not been any over-all authority which has weighed and measured the needs of the armed services and the needs of the civilian population, and, in the taking in of doctors taken into consideration the needs of both?

Dr. FISHEIN. I would say that the Procurement and Assignment Service, which has no authority to tell any doctor to go in or not to go in—they merely have the power of declaring that he is or is not essential in the position which he occupies, making that recommendation to a local board, which has the real authority, the authority rests with the local draft boards and there is no authority over men over 45 years of age at the present time, and that constitutes well over half of your medical profession, because the doctors graduate late; that is the next point to be kept in mind, that there is no single authority anywhere available that could say, as you have suggested, to any doctor, "You go," or "You stay." There is no such authority except the local draft board.

Senator PEPPER. And there has been no central authority so far which has considered the over-all health needs of the civilian population along with those of the armed services?

Dr. FISHEIN. That is not true because the Procurement and Assignment Service, when established by the President, was definitely charged with considering just that distribution.

Senator PEPPER. Then it hasn't functioned in that capacity, has it?

Dr. FISHEIN. I would say that it hasn't functioned 100 percent. I know very few agencies that have. But I would say that it is functioning better all the time.

Senator PEPPER. Yes; it may be functioning better but within the week Dr. Lahey testified before this committee that up until the present time there has been no consultation by anybody that he knows of, on behalf of the civilian population, as to the retention outside of the armed services of the number of doctors necessary to maintain the health of the civilian population; and you don't know, in your official position or with your wide knowledge, of any authority that has been permitted to speak authoritatively for the civilian population in preserving its quota of doctors, do you?

Dr. FISHEIN. Well, that is not quite correct either, for the simple reason that industry—

Senator PEPPER (interposing). Who is responsible for 170 percent of South Carolina's quota going into the service?

Dr. FISHEIN. I would say largely the general system of Selective Service having complete authority over men under 45 years of age.

Senator PEPPER. Are you represented on Selective Service?

Dr. FISHEIN. No, sir.

Senator PEPPER. Does anybody represent the civilian population, with respect to doctors, on the selective service board?

Dr. FISHEIN. No, sir.

Senator PEPPER. Then what I suggest is true?

Dr. FISHEIN. To that extent you would be correct.

Senator PEPPER. So that the selective service boards are the representatives of the armed services for the acquisition of men, not the representatives of the civilian population?

Dr. FISHEIN. That is correct.

Senator PEPPER. Now Doctor, does this Assignment and Procurement Service have representatives in the counties?

Dr. FISHEIN. It doesn't quite go down that far. I would say that many counties have representatives who are set up through their State agency, but they are just advisory. There are many counties in this country that do not have a representative of the Procurement and Assignment Service in them, some do and some do not. I would say it was on the basis that some do and some do not.

Senator PEPPER. You said that our doctors were like lots of other people and had gravitated into certain large centers so that we had a disproportionate distribution of doctors over the country?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. Now public health is a question of fact, is it not?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. It is a question of geography; the need for public health exists where the people exist?

Dr. FISHEIN. Well, the need for public health exists everywhere, whether there are people there or not.

Senator PEPPER. We are not thinking about making the cactus more healthy, we are talking about people.

Dr. FISHEIN. My point would be that a severe swampy area in a district where there were very few people might still be the breeding place for enough mosquito menaces, so your biggest health problem would be in that area with very few people.

Senator PEPPER. Let's augment my statement by saying that the problem of public health is related to the needs of the people of the country and to those conditions which endanger the health of the people?

Dr. FISHEIN. Correct.

Senator PEPPER. Now then, we are engaged, it has been said, in a total war, are we not, Doctor?

Dr. FISHEIN. Yes, sir.

Senator PEPPER. Do you regard the health of the people as being essential to the effective prosecution of that war?

Dr. FISHEIN. That is vital to the effective prosecution of the war.

Senator PEPPER. So we cannot, in your opinion, successfully wage this war unless we attend adequately to the health of the people?

Dr. FISHEIN. Correct.

Senator PEPPER. Now, then, what plan has the American Medical Association been able to devise that would assure the public health of the people of the United States?

Dr. FISHEIN. That is, of course, the broadest question yet, and I would begin at once by saying that to reflect the present situation it is as follows: In the United States we have a vast public health system beginning with the United States Public Health Service and including also the public health departments of the States and counties, where there are such available, and through the contact of the Procurement and Assignment Service with a special committee on public health, arrangements have been made to declare essential—so that they would not be taken up by the Selective Service Boards—all important public health officials.

Now in connection with that also, the Procurement and Assignment Service established a special committee on industrial medicine. There was also established a committee on industrial medicine with the Health and Medical Committee, which was a part of the Office of Defense, Health and Welfare. There is also an Industrial Medical Division in the United States Public Health Service. There is also a Committee on Industrial Health in the American Medical Association. No one man perhaps is a member of all four of these. Some men are on various committees.

These various committees having to do with industrial health have given the most careful consideration to the problem of maintaining industrial physicians for all industries associated with the war effort. They have passed on the industrial physicians whose names have been sent either to the Local Procurement and Assignment office or the national Procurement and Assignment Service as key men necessary to the health of the workers in industry.

Many industries throughout the country have large industrial establishments, many have very small industrial establishments. Great Britain has recognized the vital character of this problem by having a regulation that any industry employing more than 500 men should have a full-time physician associated with that industry, and when they employ more men they should have additional physicians and

should have an industrial medical service. We have not come to the point of regulation through any such Federal agency, but we do have the general recommendation which has gone out from all of these committees on industrial medicine as to the manner in which industrial health should be maintained in this emergency.

But we have been confronted with the fact—and when I say “we” I mean all persons seriously concerned with all of these problems, because I have been concerned with them only as a man who gives public information as to what has gone on—we have been—

Senator PEPPER (interposing). You don't mean that you work for the Government?

Dr. FISHEIN. No; I run a magazine. I am an editor.

Senator PEPPER. For a group of professional men in the country?

Dr. FISHEIN. Yes; and I also do some writing for the public.

Now I would say this, that one of the problems which has confronted the medical profession most seriously is the fact that this is a young man's war on the combat front. A doctor over 50 years of age falls to pieces under war conditions. Great Britain has said that a doctor over 40 years of age falls to pieces under combat conditions and cannot be put up at the front.

We have an armed force going out for this Nation, an Army, a Navy, and an air force. The air force is a new body which has already demanded upward of 8,000 doctors to meet the needs of that body. If we are to have an air force of 2,000,000 men, they will need more doctors, 8,000 will not cover their needs. They must have young doctors. If young doctors take positions in industry which can equally well be filled by doctors past middle age, the needs of the Army, the Navy, and the air force, if reduced to a minimum, cannot be met.

Senator PEPPER. What do you regard as the essential needs of the armed forces, how many doctors per 1,000 men?

Dr. FISHEIN. I say now that they are asking 6.5 men per 1,000. But if they reduce that to what Great Britain has, 4.5 per 1,000, there would still not be enough young doctors to meet their needs if young doctors, men under 37 years of age, take jobs in industry in order to avoid military service.

Senator PEPPER. Are there any doctors in the armed services engaged in administrative work?

Dr. FISHEIN. By a joint directive from the Joint Army and Navy Board, both Army and Navy medical departments have been instructed to take from the desk every doctor capable of giving medical service in the field.

Senator PEPPER. Well, now, Doctor, suppose that you should find doctors occupying key places in industry, that is the maintenance of the health of the employees of companies that build ships and cannon and airplanes and the implements of war, then it would be the old question of determining which is more important, the man or the gun, wouldn't it?

Dr. FISHEIN. Senator Pepper, that question has been given the most careful consideration by groups of the leading industrial physicians in the United States, and I mean the industrial physicians for organizations as large as General Motors, du Pont, Chrysler, and Ford. All these men who are the leading industrial physicians in the United States have sat on these boards which are making the decisions as to what constitutes an essential physician in industry.

Considering this matter purely as a matter of general information, the kind of knowledge that any man can have, it is quite obvious that a man who has built up an industrial organization for a great industry of the scope of General Motors or du Pont, and who has all of his physicians of various grades and specialties rendering service, does not wish, in wartime, to see one man moved out of that job.

We didn't like the idea of taking what I would say were seven key men from the headquarters of the American Medical Association because we have to take in other men, older, and train them to fit jobs for which we have trained men for 10 and 15 years. But we made a decision very early that if the armed forces needed a man he was to go, and we would take an older man and train him in the job.

Senator PEPPER. Now who knows more about the public health, the armed forces or competent people who have the responsibility for the maintenance of our industrial operations, and the people who are in direct touch with the public health?

Dr. FISHEIN. I would agree with you at once that the leading industrial physicians of the United States know much more about industrial medicine than I do, and these decisions have been made by the leading physicians in industrial medicine in this country.

Senator PEPPER. You mean the decisions in a local draft board?

Dr. FISHEIN. I mean the decisions having to do with the standards which should determine whether or not a physician in industrial medicine was or was not an essential man in that position.

Senator PEPPER. Well, now, the man who is the head of a particular medical unit would also have some very important knowledge on that subject, would he not?

Dr. FISHEIN. The man who is the head of that unit, this being a democracy, has open to him four or five different methods of approach for carrying his problem to the highest point, namely, Washington. He can carry his problem to the National Selective Service System. When a draft board takes a man whom he considers essential, he is privileged to file an appeal; he can carry that to his Appeal Board; he can carry it from the Appeal Board to the National Selective Service System. And specifically, if there are 11 doctors under 37 years of age employed in any hospital associated with an industry, and if a draft board takes any one of those 11 who are essential to that industry, the man in charge has two methods by which he can retain the man. The man can appeal and the industry can appeal on his behalf, that is through the draft board route.

Now through the procurement and assignment route he can appeal to the State procurement officer; from the State procurement officer he can appeal to the Corps Area Procurement Board; from the Corps Area Procurement Board to the National Board of Procurement and Assignment, on which the final decision would rest.

Now, if no such appeal has come up on behalf of any man from the agency that wants to keep the man, the fault cannot rest with the agency at the top, it must rest with the man who failed to file the appeal.

Senator PEPPER. You mean that that is one of the methods he may pursue. Can you tell us how many men regarded as essential to the maintenance of health facilities have been kept out of the clutches of Selective Service by any of the procurement and assignment officials?

Dr. FISHBEIN. Many hundreds.

Senator PEPPER. Give us your best estimate.

Dr. FISHBEIN. I wouldn't like to give an estimate but I will file a definite statement with you as soon as I investigate the matter.

Senator PEPPER. All right, we will be glad to receive that.

Dr. FISHBEIN. I would have to make a special investigation on that point, but I can have the information for you within a day.¹

Senator PEPPER. Now, in the various counties I believe you said there were representatives of the procurement and assignment service?

Dr. FISHBEIN. In some, not in all. There are, for instance, 8 counties in the United States with less than five people to a square mile. No one attempts to handle that situation by setting up an organization; it just can't be done. By that I mean that I would say that in some 2,000 counties there are probably men who would act for the procurement and assignment service, or committees of men, in grading doctors as essential or as not essential.

Senator PEPPER. Dr. Lamb has some questions.

Dr. LAMB. In connection with your point of a moment ago, Doctor, essential physicians in industry such as you were describing are not limited to those employed specifically by the large industries; that is to say, the health of industrial workers depends very largely upon the average individual physician in a given community, or a member of a hospital staff, or what not?

Dr. FISHBEIN. Yes, sir.

Dr. LAMB. Appeals on individual cases in other parts of the Selective Service, which I think this committee has already determined, are not well protected by the present occupational deferment machinery, are no substitute for the good working of a system in which the overall plan is adequate—you would agree with that?

Dr. FISHBEIN. That is absolutely right.

Dr. LAMB. So that your statement of a moment ago that these deferments might be secured for individuals, is not, in your estimation, any substitute for the adequacy of the plan?

Dr. FISHBEIN. Oh, no. To move on to that next step which you have just raised, I am convinced that there must be and will be—of course, if this war lasts—an over-all control over all professional and trained personnel. There must be, because in no field is there a sufficient number of men to meet the special needs created by an Army of the size proposed.

Dr. LAMB. Right on that point, we have at the present time about 40,000 physicians, you said, in the armed services?

Dr. FISHBEIN. Yes.

Dr. LAMB. And I take it from what you have said that they are the great majority of those under 40?

Dr. FISHBEIN. Yes; it is about half of those under 40. The average age of graduation is 28 years, and they graduate each year between 5,500 and 6,000 doctors. They take 1 year of internship before they are considered competent, and then if they care to go into a specialty they must take a residency. All that is being looked after—that is, the maintenance of a minimum number of residents and the maintenance of a minimum number of interns—that has all been given thought.

But if you would take the figure of 40 to 28 it would give you a 12-year period, and in that 12-year period it would give you 72,000 doctors under 40, which is just about right.

¹ This information had not been received at time of going to press.

Dr. LAMB. Now, if we have a seven-and-a-half-million-men Army, as stated by Secretary Stimson, as the goal for 1943, that would mean that if all those who are serving in the armed services are in that category of under 40, you will have all of the doctors of that age; is that correct?

Dr. FISHBEIN. But fortunately for us they are not all under 40, and the exact figures are available as to just how many are now in the armed forces and in the civilian population, under 40 and above 40.

Dr. LAMB. Would you give those to the committee?

Dr. FISHBEIN. I will leave them with you. In fact, I would say this, that for every 5-year-age group beginning with the first year of the medical school and upward, as high as they go, we have all the doctors of this country classified—

Dr. LAMB (interposing). I understand, but I am concerned with these particular figures at the moment.

Dr. FISHBEIN. I will leave those, or I can read them if you would prefer?

Dr. LAMB. Please give them to us now.

Dr. FISHBEIN. This figure is as of the end of 1941. I have the figures here also—

Dr. LAMB (interposing). Those are really not substantially significant at the moment, however, because we have, as you say, inducted a very large number of doctors in the interval, so that your figures for January 1941 wouldn't be up to date.

Dr. FISHBEIN. I will give them to you for September 1942. I might say that I would prefer to leave these figures with the committee, as I do not believe it would be in accordance with the desire of the armed forces to give out exact numbers.

Dr. LAMB. Would you give percentages, then, Doctor?

Dr. FISHBEIN. Here are the naval officers, and here are the Army officers.

Dr. LAMB. That is, the percentage of doctors under 40 at the present time in the armed services and those over?

Dr. FISHBEIN. Here is a rough estimate. Total physicians in the continental United States, 176,061.

Dr. LAMB. May I interrupt? Dr. Lahey testified that out of that 176,000 you would not classify more than 120,000 of them as effective physicians.

Dr. FISHBEIN. That is, effective for all purposes. Now, we classify, for example, a bare 10 percent of the men over 65 as effective for all purposes, and when you get over 70 that would drop still further. Under 35 years of age, 42,671 physicians; from 35 to 44, 41,558 physicians; from 45 years to 54, 31,399 physicians. Now, that gives you let us say under 45 about 84,000 doctors, effective doctors, in the country, and they would be considered, let us say, effective for all purposes, the men under 45 years of age.

Dr. LAMB. What part of those are included in the 40,000 or more in the armed forces?

Dr. FISHBEIN. I would say that the large majority of them are included in the 40,000, but you see there is a total there of 85,000 doctors so there is still half of those left.

Dr. LAMB. In other words, we have approximately 45,000 doctors, or less, now available and considered to be in their prime, for the service of 120,000,000 people?

Dr. FISHEIN. Again that is not quite right for the simple reason that the age period from 45 to 55 gives you 32,000 doctors; and from 55 to 65, 30,000 doctors. Now, the effective age for the civilian population, perhaps the best age for the civilian population of the doctor is 55 to 65.

Dr. LAMB. If I may interrupt, you have now given us 143,000 doctors under 65, and a moment ago we were discussing the possibility that only 120,000 physicians in the country were effective, and that gives us at least 23,000 who are not in the effective class.

Dr. FISHEIN. If you want to class all of the officers of the United States Public Health Service as not in the effective class—

Dr. LAMB (interposing). We are concerned with their effectiveness for the purpose of caring for the civilian population and your figure of 1 to each 1,500 was based on that.

Dr. FISHEIN. Do you refer to the medical practice, to medical teaching—

Dr. LAMB (interposing). That is precisely the point, that the figure of 1 to 1,500 doesn't mean a thing, it is a pure abstraction. In the first place, let's take the State of South Carolina. You start with 1 to 4,100 as your ratio, pre-war.

Dr. FISHEIN. I will give you South Carolina. I think broken down fully as to each exact picture in South Carolina.

We have Alabama worked over by counties, and we are gradually having each State worked over by counties, but it takes a little time. Again, as I say, I don't believe that I—

Dr. LAMB (interposing). What is the pre-war figure for South Carolina, was it 1 to 4,100?

Dr. FISHEIN. Not for the State as a whole.

Dr. LAMB. What is the present figure for South Carolina?

Dr. FISHEIN. I would say that the present figure for South Carolina is 1 to 2,131.

Dr. LAMB. One to two thousand one hundred?

Dr. FISHEIN. Something like that; they have 176 percent, let's say, of their quota, something like that. If you will permit me to make some notes of exactly what you want, I have it all here but I have so many different classifications of doctors, by specialty, by age—

Dr. LAMB (interposing). The testimony of Dr. Lahey the other day indicated that he believed the figure in South Carolina was 1 to 4,100 before the war started.

Dr. FISHEIN. In certain areas. He certainly couldn't possibly have said for South Carolina as a whole because that is not the fact and I am quite sure that Dr. Lahey wished to bring out the facts. I will give you South Carolina as of—

Dr. LAMB (interposing). Let us leave the question of South Carolina for a moment—

Dr. FISHEIN (interposing). I have it right here, it is not too much trouble. I have my population tables here and it has to be calculated from that. As you say, let's leave it for the time being.

Dr. LAMB. Let's take the question of those areas within South Carolina and Texas and Oklahoma where the ratio is not 1 to 4,100 but there are some areas where it is 1 to 7,000; there are areas like that?

Dr. FISHEIN. Yes.

Dr. LAMB. That has not, however, stopped the Procurement and Assignment Board from taking doctors from those areas, nor has it stopped the recruiting teams from entering such areas?

Dr. FISHEIN. No, that is not true; the recruiting teams have already been withdrawn in 43 States.

Dr. LAMB. I am not concerned with the fact that they have now been withdrawn, but with the fact that they have visited such areas and have recruited from them. How long ago were they withdrawn?

Dr. FISHEIN. Early in October.

Dr. LAMB. Commander Lapham testified that there were still perhaps four or five recruiting teams in certain States.

Dr. FISHEIN. Yes, New York, Pennsylvania, Massachusetts, Illinois, and California.

Dr. LAMB. To get back to the main point, you said that as of Pearl Harbor we began a much greater recruitment of doctors?

Dr. FISHEIN. Correct.

Dr. LAMB. We had at that time an army of about a million?

Dr. FISHEIN. Yes.

Dr. LAMB. Is there any reason why, at that time, it should not have been foreseen what the effect of taking 40,000 physicians from the communities into the armed services would be?

Dr. FISHEIN. You are criticizing the Government for not foreseeing many things that have not been foreseen?

Dr. LAMB. I am raising the question as to the operations of the Procurement and Assignment, operations which, as I understand it were based upon previous plans worked out with the American Medical Association and carried out in the Procurement and Assignment by members of the American Medical Association—

Dr. FISHEIN (interposing). You are making about four assumptions which have no basis in fact.

Dr. LAMB. Thank you. Will you state your corrections?

Dr. FISHEIN. You are assuming, in the first place, that the American Medical Association drew up plans for controlling the over-all distribution of the medical profession in the United States, and they didn't.

Dr. LAMB. I am not assuming anything of the sort.

Dr. FISHEIN. It is in your question, if you will have the record read.

Dr. LAMB. I am assuming that originally the plans worked out for Procurement and Assignment are those which were worked out through the operations of your county by county and State by State estimating system, is that correct?

Dr. FISHEIN. They declared certain doctors available and certain doctors perhaps unavailable, but—

Dr. LAMB (interposing). And this is the framework under which Procurement and Assignment has gone on. What sort of protests has the American Medical Association made with respect to the continuation of enlistment of doctors?

Dr. FISHEIN. I would say that there have been innumerable letters that have gone forward to the Surgeon General of the Army and to the Secretary of War. I would say that as rapidly as it appeared that in certain areas the condition was becoming what would ordi-

narily be called tight, authorities representing the armed forces were informed of the fact that in certain areas of the country conditions were becoming tight and that some action should be taken. But that action had to be taken by Federal agencies.

Dr. LAMB. But no effort was made to request that enlistments stop entirely and that some other system be substituted?

Dr. FISHEIN. Oh, yes; I would say that the withdrawal of the recruiting teams was not a matter of a single action suddenly withdrawing all the recruiting teams, but that just as soon as it was apparent that recruitment should stop in certain areas, it stopped in those areas, even by direct recommendation from the corps area commander who, under our present system of Army control has the control, in his corps area, over the recruiting teams.

Dr. LAMB. Would you testify, Doctor, that in January of this year it was impossible for the American Medical Association to foresee the effects of enlistment?

Dr. FISHEIN. I think that they were clearly understood in January of this year by the Procurement and Assignment Service.

Dr. LAMB. Were there any representations by the American Medical Association to either the surgeons general or the Procurement and Assignment Service, demanding that in January enlistments should be stopped of doctors and that some other system should be substituted therefor?

Dr. FISHEIN. We are not in the habit of demanding anything.

Dr. LAMB. Were letters written along those lines?

Dr. FISHEIN. Yes.

Dr. LAMB. Will you furnish the committee with any letters to that effect written by the American Medical Association in January of this year?

Dr. FISHEIN. I think it would be more in order for you to request either the Secretary of War or the Surgeon General of the Army to produce such correspondence, than to ask us to produce our correspondence with them, and I think that the Surgeon General would tell you that that matter has been looked after.

Dr. LAMB. Since this was a matter of initiative on your part it seems a correct request, but the committee, I am sure, will be glad to request that correspondence from these other sources.

Dr. FISHEIN. I am quite willing to ask the permission of the Secretary of War to send you the correspondence we had with him, if you wish to have it. I don't know where these authorities lie.

Dr. LAMB. I am sure that Senator Pepper would be glad to correspond with the Secretary of War to secure that correspondence.

Now this question with respect to the ratio of 1 to 1,500—obviously that is an average and therefore has very little relationship to this 1 to 4,100 or 1 to 7,000, or what not?

Dr. FISHEIN. On that I agree with you.

Dr. LAMB. Yet it is your belief that quotas should be established for areas in which those ratios prevail and that further recruitment of physicians should be carried on through the Procurement and Assignment Board?

Dr. FISHEIN. On the contrary, I have stated to the Procurement and Assignment Service repeatedly, and indeed as late as yesterday, that a quota based on an over-all quota for a State like Alabama,

where they have one large city with a concentration of doctors in it, and a large rural area without a concentration of doctors, that the setting up of an arbitrary quota for the State of 1 to 1,500 would produce an inequitable and intolerable situation.

Dr. LAMB. You have so protested since last December repeatedly?

Dr. FISHEIN. Yes; that is true.

Dr. LAMB. Have you letters written to that effect over this period of time, or were those protests oral?

Dr. FISHEIN. I imagine I can find some written protests but I imagine the committee could call, if they wished, various individual members of the Procurement and Assignment Service to whom I have stated definitely that the answer for Alabama as a whole, for Florida as a whole, and for any of these States where they have one or two large cities and a large rural area, the answer is not by a State quota.

Dr. LAMB. You stated earlier that, of course, no one would have wanted South Carolina to be told that she should not send physicians to the Army. Is there any reason an over-all plan might not have excluded, let's take for example, the State of South Carolina?

Dr. FISHEIN. The one reason for an over-all plan that would be applied indiscriminately on a broad basis is the situation of permitting—and that still prevails—of permitting young men whom everybody knows ought to be in the Army, from staying out of the Army. Now, when you have an Army that needs young men preferably for the kind of war that is being fought, and when you have a considerable percentage of your Army's needs supplied by physicians over 50 years of age, who perhaps should not be in at all but were needed to meet the Army's needs, and who have therefore enlisted and who will be retained in this country in important posts in connection with training camps, then if you go into a community as I did in Albuquerque, N. Mex., in Roswell, N. Mex., and in Wichita Falls, Tex., and in certain areas right in Illinois, where numbers of old physicians have gone, and young physicians, under the statement that they were essential to some industry, or because they had one child or two children failed to enlist, and there is no way to make them go if they don't want to go, except through selective service—you destroy the morale of your entire group in that area.

Now that, I venture to say, is probably the chief difficulty of the doctors as a whole in the country at this time, in relationship to men under 37 who are holding positions in industries, in industrial medical plants, and who are holding those positions while much older men are going from those very communities to meet the needs of the armed forces.

Dr. GARFIELD. May I ask you a question, Doctor?

Dr. FISHEIN. Yes.

Dr. GARFIELD. Why couldn't men over 40 take care of the base hospitals in a thousand or so Army hospitals in this country? How many of the younger men are in active service? Are you aware of the fact that the Seventy-third Evacuation Unit has 40 of the best young surgeons in the country, it was formed in February, and from February until now they have been stationed in some small hospital in California doing nothing?

Dr. FISHEIN. I am essentially a civilian doctor and I venture to state that if you were to ask the United States Army Medical Department about the necessity for physicians in the armed forces and how it is proposed that they will use them, that the United States Army will be able to tell you why physicians must be in training. But I will give you a concrete instance.

I was asked on behalf of a physician from Boston who is a well-known, competent ophthalmologist and who had enlisted in the Army, why that physician had been 3 months in a hospital and in a medical unit of the Army in Alabama without seeing any eye cases, why was he down there not seeing any eye cases. But if the tank unit with which he had been associated were at that moment in Egypt he would be seeing more eye cases than he could possibly handle, and he must be trained with his unit. You can't train him in Boston to go with a tank unit when that unit starts out.

Dr. GARFIELD. Do they train him in eye work, Doctor?

Dr. FISHEIN. They train him primarily in the functions of a medical officer in the Army, and as far as I know—and again I am no authority on military medical service—it becomes essential in operating the armed forces to train men with the units which they are to accompany, and you can't train a man in one place and then order him to the unit when the unit goes into battle.

Dr. GARFIELD. Isn't it true that there are 40 base hospitals being built in this country with innumerable Army hospitals throughout the country, and couldn't doctors over 45 man those hospitals?

Dr. FISHEIN. They not only could, but there are many, many doctors over 45 doing that. I have seen a urologist whom I know to be 57 years of age, working in one of those hospitals, and I have been in areas in Florida, in Army areas, within the past year, where I have seen gynecologists operating on soldiers, those gynecologists enlisted in the Army and they were men well over 45 years of age, and they were enlisted with the definite idea that they would be retained in this country.

But again—and I will return to my original figure—if we must have young men with the Army, if we must have men under 37 years of age, or at least under 40 years of age, to meet modern conditions of warfare, and if the needs of the Army in combat are to be met, some over-all agency must be concerned with utilizing the supply of young men and replacing them, as far as possible in civilian life and in the whole area, with older men. That is scientific handling of the men.

Now, when we come to keymen, so-called, in an area such as Dr. Garfield mentioned—in the first place, this is as good a time as any to correct a complete misstatement of fact—the policy has been adopted by the Procurement and Assignment Service, by the War Manpower Commission, and after adoption by them, approved by the American Medical Association, for the setting up of prepayment plans in all industrial areas where the needs of a rapidly growing industrial community demand that as the most efficient way of rendering medical service.

Dr. LAMB. Doctor, when was that adopted?

Dr. FISHEIN. That was adopted by the Procurement and Assignment Service Board at least 3 months ago; it was adopted by the committee on war participation of the American Medical Association

tion about 2½ months ago; it was adopted by the board of trustees of the American Medical Association in the second week in September.

Dr. LAMB. Has it yet reached the procurement and assignment local offices?

Dr. FISHEIN. It was given out to the public and was given out to all agencies, as far as I know.

Dr. LAMB. And they are already acting upon that to the best of your knowledge?

Dr. FISHEIN. To the best of my knowledge. Anyone that wants to find it can have a copy of it; it is there.

Here again, this is an awfully large country and there are 120,000,000 civilians to be handled, and in a service that embraces thousands of people, thousands of men, it is quite conceivable that some one man somewhere may not know everything that is going on. That is quite possible with respect to this man, whoever the person is, I haven't any idea, with whom Dr. Garfield conferred on this matter.

Dr. GARFIELD. Three States—California, Oregon, and Washington.

Dr. FISHEIN. If they will read the policy as it was adopted and has been published in the Journal of the American Medical Association, and released to the press and in other ways given out, the plan for meeting the civilian needs in relationship to medicine has been so thoroughly discussed and carefully worked out and is already functioning in many places. I will give you if you want—I will put them in the record—the names of many areas which are already being supplied with doctors because they have a shortage of doctors, and these are being supplied by a voluntary system, by doctors who have volunteered to move to other areas, and some of them are going to such places.

Mr. KAISER. Then I take it, Doctor, you believe in prepaid medicine?

Dr. FISHEIN. I believe in prepaid medicine to such an extent that our own employees are insured under a hospitalization plan.

Mr. KAISER. And you support it wholeheartedly?

Dr. FISHEIN. I don't say all plans. I believe in prepayment plans that are set up on a legitimate basis; there are many strange plans set up on a peculiar basis.

Mr. KAISER. We are assuming that they are legitimate, we wouldn't want anything that was illegitimate.

The next thing is, if you were in my position and you couldn't get your men into a hospital and you were in an area, what would you do about it?

Dr. FISHEIN. Well, it all depends. This question was asked me by another committee before which I testified recently—

Mr. KAISER (interposing). This is a specific case, we have 100,000 men—

Dr. FISHEIN (interposing). In the first place I believe always in operating within the law, whenever possible.

Mr. KAISER. We are agreeable to that.

Dr. FISHEIN. Obviously certain States have laws regulating medical practice in such States, so that it is impossible to bring a man into the State of Florida—and I mention Florida merely because that is one of the States that has the most rigid laws that exist in the country—

Mr. KAISER (interposing). I would like to get back to where I was—you will get me lost.

Dr. FISHBELN. Washington, Oregon, and California.

Mr. KAISER. Yes. Here is the question exactly. I would like to get back to it because you are carrying me all over the country and I will be lost. What would you do about my specific case?

Dr. FISHBELN. I would say that if I were you I would ask my medical director to look into all the possibilities and not to try to solve the problem sitting there where he was, but to go to the places where people have the information as to how the problem is to be solved.

Senator PEPPER. You mean to come to you, Doctor?

Dr. FISHBELN. No, sir; come to the Federal agencies which are charged with this task, and that is the Procurement and Assignment Service in the case.

Senator PEPPER. That are being run by the American Medical Association?

Dr. FISHBELN. Mr. Pepper, I would question that statement very strongly. If you can establish the fact—

Senator PEPPER (interposing). Haven't you worked hand in glove with McNutt on this problem; you consulted with him on his speeches, didn't you?

Dr. FISHBELN. No; that is absolutely untrue. I have never seen—I can make this as a statement of fact, Senator Pepper—I have never seen in my life a speech of Mr. McNutt before it was written. I have published two of them after they were written.

Dr. LAMB. Dr. Fishbein, are you the chairman or director of information for Procurement and Assignment?

Dr. FISHBELN. I am chairman of the committee on information. My purpose is to disseminate to the public—and this is the only function I have—through various press agencies and through medical periodicals the information which that agency wishes to send out.

Now, then, if you can tell me any way in which the Procurement and Assignment Service could secure the cooperation and functioning of the medical profession without letting the doctors of the country know what their decisions were and how they function, and since obviously the publications which I may reach, including medical and lay publications, are the best way of reaching the medical profession of the United States, the Procurement and Assignment Service would be operating inefficiently if it failed to utilize those legitimate means of publicity.

Dr. LAMB. And your services?

Dr. FISHBELN. Well, my services consist principally in this, that when they send me a statement and say "Please give this publicity," I publish it in our journal, I send it to all the other medical journals of the country, and I send it to the press of the country. Now if anything can be found wrong with that procedure, anything out of the way, which indicates any control over their actions, I would like to have you point it out.

Senator PEPPER. How often have you consulted with the Procurement and Assignment Agency or Mr. McNutt?

Dr. FISHBELN. I would say that when they had matters of publicity to be given out they sent them to me by mail in 95 percent of the cases,

and that maybe I have been present at one or two meetings where they wished me to be present in order that I might give out publicity. I do not sit with the board at their meetings.

Senator PEPPER. Getting back to Mr. Kaiser's question as to what you would do in his case in trying to provide medical attention—

Dr. FISHBELN (interposing). I know that Mr. Kaiser personally is not going out to hire doctors, he is going to ask one of his subordinates to handle the matter, and that is obviously Dr. Garfield. Now if Dr. Garfield had utilized methods which other men in the State of Washington were utilizing to get doctors to replace the younger men, he probably could have gotten them.

Mr. KAISER. I would like to make this point, and you will be glad to know this for your information, that in the Portland area we do have or did have that problem, but the doctors as a whole took hold of the problem themselves, organized all the hospitals and did render this service, we did nothing there, but that was not done in the other cities. Now what would you have where it was not done?

Dr. FISHBELN. What did Dr. Garfield do, did he go beyond those people to any agency? As far as I know he has never, certainly, taken the matter up directly with the national Procurement and Assignment office. Obviously if he had they are in a position to look into the picture.

But I do not believe, personally, that they would be warranted in marking all his young men "essential."

Dr. GARFIELD. We organized our medical service at Richmond before there was a Procurement and Assignment Service in the first place, and we chose people whom we thought were ineligible for the Army as much as possible.

Dr. FISHBELN. But the Army thought differently?

Dr. GARFIELD. No, I beg your pardon, the Army now is reclassifying them.

Dr. FISHBELN. I mean the Army might think differently because they thought differently than a lot of people on a lot of things. The standards for the Army have changed greatly since December 7. We didn't take in men, before December 7, who had less than 12 teeth, so we had a 35-percent rejection on account of teeth. Now we have got a 3-percent rejection on account of teeth.

Dr. GARFIELD. We took men from all over the country, we got the best men we could. Now Procurement and Assignment says, "You send all your men back to the Army and see if they want them," and that would break up our medical organization.

There is one other thing. We had a shortage of beds in the area. Do you want us to go to the Government and ask them for funds to build those hospitals?

Dr. FISHBELN. You have to ask them for materials, whether you ask them for funds or not.

Mr. KAISER. No; they don't give you the materials.

Dr. FISHBELN. How do you get them?

Mr. KAISER. Priorities.

Dr. FISHBELN. Do you know what the priority rating on hospitals is?

Mr. KAISER. It is A-1 when it comes to shipbuilding, because that is the only way you can get the doctors you are talking about, over there, by giving them a ship to go over in. I want you to get that clear.

Dr. FISHEIN. I happen to know what Dr. Parran testified about concerning the building of hospitals. Now I know, and everybody knows, that in the new areas of industrial employment—

Mr. KAISER (interposing). You are getting away from my ship.

Dr. FISHEIN. No; I am not. In new industrial areas such as those with which you are concerned, because obviously you didn't have all those people there before we got into the war, there are a total of about 5,000,000 people in the United States who have moved for an industrial job as the result of the war—now, wherever they have gone, we need hospitals, we need one at Valparaiso, Fla.; we need them out in Richmond, probably; and we need them in Vancouver—but it is impossible to build a hospital using private funds or Government funds now without obtaining a release on essential materials.

Mr. KAISER. We are doing it today, increasing our facilities.

Dr. FISHEIN. Again I would say, Mr. Kaiser, that you are a very strong man, and you get many things done that other men who are not quite so active do not get done.

Mr. KAISER. That is a beautiful out, but again how can we get the young man over to do the fighting unless he has something to sail in?

Dr. FISHEIN. And how can you get him to sail unless you have a doctor with him?

Mr. KAISER. He therefore needs transportation and his health, and the health of the men that are building this transportation becomes fully as important as the men we send over.

Dr. FISHEIN. Well, that is slightly debatable as to whether or not a sailor or a Marine who is fighting is more important than a ship-builder, but I don't want to debate that.

Mr. KAISER. Please, I asked you a question, and don't give the answer from me, I ask you to give it for yourself. Is it important to have transportation?

Dr. FISHEIN. It is of the utmost importance.

Mr. KAISER. And is it equally as important to have the men there to build the transportation?

Dr. FISHEIN. It is important.

Mr. KAISER. Is it equally as important?

Dr. FISHEIN. Equally as important.

Mr. KAISER. Now the next question is—in that particular, where we didn't have that service, wouldn't you have created it?

Dr. FISHEIN. If I were there I would have had it, if I had been in Dr. Garfield's place I would have had it.

Mr. KAISER. I really think you would do a remarkable work if you would immediately get busy, where it isn't being done today, and see that they are taken care of, and rather than defending it, correct it.

Dr. FISHEIN. Pardon me; I am not defending anything. I am trying to show you that your statements have been made, and also those of Dr. Garfield, without a knowledge of what has already been done and is being done. You are concerned only with your little problem.

Mr. KAISER. But it is only a model of them all, and I am now suggesting that you be concerned with them all and get this done.

Dr. FISHEIN. Suppose I told you that already we have reports from 16 States in which there was said to be a shortage of doctors in certain areas, and that 10 of those States have reported that there is an actual

shortage, and all the others have been requested to supply the information, and that in 10 of those States the shortages have been corrected. I can read you some of these. At Mobile, Ala., the shortage has been corrected by furnishing doctors to go down and meet the shortage.

Now, then, again I would say this—and this is specifically on your problem—that somebody has to make the decision as to whether or not a young man under 37 years of age, in industry, who is a physician, is more important to that industry or more important to the armed forces, and that decision cannot be made by the man who employs that young doctor in the industry; that decision must be made by an agency which is able to look at the matter in a completely unbiased way.

Senator PEPPER. Would that agency be the armed services?

Dr. FISHEIN. No; by no means.

Senator PEPPER. Aren't they the ones now making it?

Dr. FISHEIN. No, sir. The President's directive to the Procurement and Assignment Service and to the Office of Defense, Health, and Welfare, which was Mr. McNutt's office at the time because that was before there was a War Manpower Commission, the President's directive to them said that they should have the consideration of an over-all distribution of doctors to meet the needs of the armed forces, of industry, and of the civilian population. And simultaneously with that there went an order to the Army Medical Department, the Navy Medical Department, the United States Public Health Service, and all other agencies employing physicians, telling them that this agency had been established by order of the President for that job, and that they would submit their requirements to the Procurement and Assignment Service, which would aid them in meeting their needs.

Senator PEPPER. You indicate, then, that the President intended that the Procurement and Assignment Service should act as the over-all agency for the selection of medical personnel, but you don't mean to say that they have performed that function, do you?

Dr. FISHEIN. They have performed it within the law as it now stands, which puts the burden of ultimate decision regarding any man's service, when that man is under 45, on the local draft board.

Senator PEPPER. Well, then, the matter has not been decided by the Procurement and Assignment Service under the War Manpower Commission; it has been decided by the local service boards?

Dr. FISHEIN. The local draft boards. All matters of essentiality and the ultimate decision of forcing a young doctor into the Army have rested with the local draft boards.

Senator PEPPER. So the President's directive has not been carried out, it has not been effective?

Dr. FISHEIN. Now, again let us say that it has been more effective in relationship to medicine than any similar effort in relationship to anything else.

Senator PEPPER. Well, in spite of that fact, you have some States where more than 200 percent of the quotas of the doctors have been taken in, and in a State like South Carolina you have 170 percent and in a State like Alabama, 190 percent; who allowed that to happen?

Dr. FISHEIN. Well, it is still a free country—that is what permitted it to happen. The fact is that a man under 45 is under the control of the selective service board; a man over 45 is not under any

body's control in the United States, and the vast number of doctors over 45—

Senator PEPPER (interposing). They were allowed to volunteer, then?

Dr. FISHEIN. Yes.

Senator PEPPER. Was that decided by the Procurement and Assignment Service or by the armed forces accepting them?

Dr. FISHEIN. The armed forces obviously accepted them, but keep in mind your dates again, keep in mind that the directive for the Procurement and Assignment Service did not go through until the end of October 1941.

Senator PEPPER. How many doctors had been taken in by that time?

Dr. FISHEIN. I will have to submit these individual figures to you; they are all here on the tables and I will answer all your questions when I get the record.¹

Senator PEPPER. Roughly, how many had been taken in?

Dr. FISHEIN. Into the Army and Navy by October 1, 1941?

Senator PEPPER. Yes.

Dr. FISHEIN. I would say roughly between 15,000 and 20,000, and 20,000 more came in between January 1942 and September 1942.

Senator PEPPER. So that the shortage that the civilian population now experiences is due to the number that have gone in since that time, substantially?

Dr. FISHEIN. Very likely.

Senator PEPPER. And now the question is as to whether we are going to allow that hit-and-miss system to continue to operate, or whether the President's directive is going to be made effective and some over-all agency shall determine the needs of the Army and the needs of the civilian population?

Dr. FISHEIN. I would say that it operates effectively except for the unpredictable actions in certain areas of local draft boards, it operates effectively now; it didn't operate effectively before.

Senator PEPPER. You mean that it operates effectively only to the degree that the local draft boards and the armed services allow it to operate?

Dr. FISHEIN. The armed services are giving complete cooperation—

Senator PEPPER (interposing). They are not giving complete cooperation if the draft boards, which represent the Army, are doing something that is not a part of a comprehensive plan for the whole country.

Dr. FISHEIN. I would say that to the extent—

Senator PEPPER (interposing). The truth of the matter is that we haven't had a plan so far; the President may have intended to set up one when he created the Procurement and Assignment Service, but up to a few days ago, at least, there hasn't been a national plan for the procurement and distribution of doctors to assure public health to the civilian population?

Dr. FISHEIN. I don't think such a statement could be made with all the facts before you.

Senator PEPPER. Where has it been operating, then?

Dr. FISHEIN. Let us say that suppose we had done what we did in World War No. 1—

¹ This information had not been received at time of going to press.

Senator PEPPER (interposing). I am not asking you to suppose. Where has there been an over-all authority that has been looking at this picture as a whole?

Dr. FISHEIN. You mean an authority to pick up doctors and move them around?

Senator PEPPER. To say what doctors shall come in and what doctors shall stay out.

Dr. FISHEIN. The recommendation has been made in innumerable instances that certain doctors stay out, and the vast majority of selective-service boards have respected those recommendations.

Senator PEPPER. But they were pure recommendations and didn't have any authority?

Dr. FISHEIN. Only recommendations.

Senator PEPPER. Now, Doctor, to get back to this group health insurance, you heard the testimony of Dr. Garfield that the head of the Procurement and Assignment in the State of Washington raised objection to their medical facilities being extended to the members of the families of their employees. Are you prepared to state from personal knowledge that that is not the fact?

Dr. FISHEIN. No, sir; I would like to look it up, though.

Senator PEPPER. All right, you have that privilege I am sure.

Dr. GARFIELD. Incidentally that is not only on the prepayment plan, but they wouldn't let us take care of them as private patients.

Dr. FISHEIN. I would like to ask you who stopped you, Doctor, from taking care of anybody? Did you try to take care of civilians and have them stop you?

Dr. GARFIELD. We were afraid to because they said—

Dr. FISHEIN (interposing). Oh, now, Mr. Kaiser wouldn't be afraid.

Dr. GARFIELD. They stated that if we were to do that they would declare our doctors nonessential; they were cooperative up to that point.

Dr. FISHEIN. Did you read that part where they said they would declare your doctors nonessential?

Dr. GARFIELD. No.

Dr. FISHEIN. You haven't that in writing?

Dr. GARFIELD. No.

Senator PEPPER. Doctor, let me ask you this. The man who is reputed to have made that statement was head of the Procurement and Assignment for the State of Washington?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. He had the power to make recommendations as to who was essential and who was nonessential as a doctor, did he not?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. And that was the only governmental agency there was to make such recommendations, was it not?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. And you assumed that if the doctors had violated the restraint that he had imposed, he would have had the power to have recommended that they be regarded as nonessential?

Dr. GARFIELD. Yes, sir.

Senator PEPPER. And that that recommendation would have been observed by the War Manpower authorities and by the Army Recruiting Service, emanating from Washington?

Dr. GARFIELD. Yes, sir.

Dr. FISHEIN. I would say that no man has that authority, that he has never been given any such authority by any agency that I know anything about.

Senator PEPPER. You mean that the Procurement and Assignment representatives in the States do not recommend as to whether a man is essential or nonessential?

Dr. FISHEIN. They have no authority to say to any man that unless you do this and so I will make you essential.

Senator PEPPER. Do they have the authority to recommend to the selective-service authorities those who are essential and those who are not essential?

Dr. FISHEIN. They recommend—

Senator PEPPER (interposing). They do have that authority?

Dr. FISHEIN. They recommend under an established policy of the national Procurement and Assignment Service.

Senator PEPPER. But they do have the power to go into a community and say, "That man is nonessential," and "That man is essential," and to make that recommendation to the selective-service authorities?

Dr. FISHEIN. They have that authority.

Senator PEPPER. Now, if that official chose to give furtherance to a policy of the American Medical Association, against the particular kind of group health, and if he were, in furtherance of that desire, to designate a certain doctor as being nonessential, in all probability you say that the local draft board would take that man into the service if he were within the eligible age limit?

Dr. FISHEIN. I will have to come back first to the statement that the A. M. A. has such a policy—they have no such policy.

Senator PEPPER. I am not asking you that, I ask you if that Procurement and Assignment official were to make that recommendation to the selective-service authorities that a particular doctor was nonessential, would the selective-service authorities not in all probability take that man into the service?

Dr. FISHEIN. That is correct.

Senator PEPPER. Do you think it is wholesome public policy for the Government to have as its representative in the selection of medical personnel a man who is in a position, at least, to further private interests by what he does?

Dr. FISHEIN. Well, that would involve, if a different policy were adopted, the destruction of the entire Selective Service System.

Senator PEPPER. Would it be the Selective Service System or the system of the American Medical Association that would be disrupted?

Dr. FISHEIN. The American Medical Association has no system in relationship to these matters.

Senator PEPPER. No; I am asking you would it not be appropriate for decisions of that character to be made by some official who has no personal or professional interest in the matter?

Dr. FISHEIN. The decision now rests with the selective-service, which determines whether or not the man is or is not essential.

Senator PEPPER. But the selective-service, as you have said, in the selection of medical personnel relies upon the recommendations of the Procurement and Assignment Service?

Dr. FISHEIN. I would say that in many instances they consider that that is authoritative, reliable evidence.

Senator PEPPER. If they do—and you put into that place a representative of the American Medical Association—that man has the power, at least, by his action, to further a personal and professional interest, does he not?

Dr. FISHEIN. I would say that wherever you put a dishonest man or one who does not deal justly, you have trouble.

Senator PEPPER. But, generally speaking, you try to disassociate a public official's functioning with his personal interest, do you not, or from his personal interest?

Dr. FISHEIN. I venture to say that practically every representative physician, whether or not a member of the A. M. A., who today is charged with the duty of declaring that some men are essential and others are not essential, is carrying that out in a more high-minded and idealistic way than it possibly could be carried out by any other official.

Mr. KAISER. Senator Pepper, I think that the Doctor would be glad to know this. This is a conversation between Dr. Cutting and Dr. Flescher, who is chairman of the State Procurement and Assignment Board of the State of California, and I will read just a portion:

Dr. Flescher said that as, for the program [speaking of our program] as a whole, it was not his place or jurisdiction to question the ethical end of it, although he was against corporation medicine of which this is a type [this is right along the lines of your thought]. He thought that the California physicians' service and medical profession themselves should take care of it. If this group [which is our group] went into the coverage of the new housing projects going on in Richmond, he would be very much opposed to it.

Dr. FISHEIN. He has a right to be opposed to it.

Mr. KAISER. Now you maintain that he is not human and being opposed to it he would therefore, even though he is not human, and being seriously opposed to it—we have frankly felt very much his attitude of opposition. I don't declare him dishonest but he is not in favor of it and still he governs, through his recommendations, the men that we can or cannot have, and Dr. Garfield feels that he is doing him a great harm.

Dr. FISHEIN. Now I will say again, and say it as simply as possible, that an attempt has been made, as nearly as I can judge it, from observing what has been done, an attempt has been made to administer this recommendation of who is or who is not essential in a certain area, with strict regard for the functions that the physicians were carrying out, and I could give you innumerable cases of that, and it is without regard to any question of competition in practice, distribution of practice, among the people who remain, or any such matter.

But that the policies of the Procurement and Assignment Service on a national scale have held that inasmuch as this is a war in which primarily the services of younger men are needed with troops in the field, that young men under 37 years of age who take full-time positions in industry, in teaching, in research, with medical organizations or in any other way, and because they are holding such a position avoid being called into active service with the troops, that those young men must be subject to some higher agency than the industry itself, and so they have adopted a policy that when you could show

that a young man—as is the case with Dr. Garfield who is himself a young man—that when you can show that a young man is your keyman, that is all very well, but when you have a doctor under 37 years of age and you hold him because he is a specialist in nose and throat diseases, or you hold him because he is a specialist in urology, or you hold him because he is a specialist in obstetrics and a part of your organization, then obviously this higher agency which is looking toward the fact that we must win this war as our prime effort, and that we have to have young men to win the war, simply has to decide on the higher level.

Senator PEPPER. Dr. Weber wants to ask a question on that point.

Dr. WEBER. On that point, what particular function do obstetricians serve in the armed services?

Dr. FISHBEN. A very good point. The United States Government has set up a system whereby the wives of all soldiers, privates, in the Army, if they become pregnant and if they are in the vicinity of a camp, may have their deliveries in the hospitals of the Army. I have seen the nurseries in at least a dozen Army hospitals filled with infants. I happen to know that there are 800 obstetric cases scheduled during the next 4 months at Fort Knox; there are 90 cases a month scheduled in Beaumont Hospital at El Paso, Tex.—and that prevails all over the country.

Mr. KAISER. Old men that are falling to pieces can do that, Doctor, like you and I.

Dr. FISHBEN. They are using old men for that.

Dr. LAMB. What portion of the obstetricians now serving with the armed forces are being used for obstetrical purposes?

Dr. FISHBEN. I will have to check on that figure.

Dr. LAMB. Would you say it was as much as 25 percent?

Dr. FISHBEN. I think they are being assigned to that and the care of these children.

Dr. LAMB. To date you would say that 25 percent of those now serving with the armed services were so employed?

Dr. FISHBEN. I think that would be reasonable, but there is still an expectancy in obstetrics.

Dr. WEBER. Do you know how many expectancies there are in the city of Washington?

Dr. FISHBEN. I should imagine quite a few—I have some clippings here.

Dr. LAMB. Has the American Medical Association made any effort to determine the use being made of doctors in the armed services?

Dr. FISHBEN. I would say this, that we know the use that is being made, that those reports are obviously available to various agencies like the Procurement and Assignment Service, and that I have had I would say on an average two to three complaints a week on my desk from doctors in the Army and Navy to the effect that their services were not being used to the best possible advantage. I have one or two right with me.

Dr. LAMB. You have investigated those?

Dr. FISHBEN. Every one has been investigated.

Dr. LAMB. And you are satisfied that they are not correct?

Dr. FISHBEN. I would say that where they have not been correct—I not only have investigated them personally but I have sent information anonymously to the Surgeons General of the Army and Navy,

giving them only the area, and wherever possible the man has been moved.

Dr. LAMB. How long has the Massachusetts general unit been serving in Florida?

Dr. FISHBEN. I couldn't tell you.

Dr. LAMB. Has it been there since January?

Dr. FISHBEN. I couldn't tell you where it is at all.

Dr. LAMB. Do you know what use is being made of the Massachusetts general unit at the present time?

Dr. FISHBEN. I can find out.

Dr. LAMB. I have information which leads me to believe that that, and a number of other units, are doing virtually nothing; that, for example, doctors who have been accustomed to operate as much as 8 to 10 times a day, have not done that many operations since they entered the armed service.

Dr. FISHBEN. I knew that question was coming and the only way I can answer it is to ask you this question: Suppose the General Staff or the Joint Army and Navy Board, or even some higher group, were to decide that it was time to start a so-called second front, and that we were to mobilize a million and a half men for immediate shipment as rapidly as they could be shipped, as rapidly as Mr. Kaiser could get the ships ready; that they were to start to move them as fast as possible. And suppose that in order to get all of these men ready for this movement we made effective, ordered into active duty, every hospital unit that had definitely been enrolled in the Army by that section, which is under Colonel Fitts. Suppose we got them all organized and ready to go and then suppose that the Grand Board of Strategy decided, "Well, we can't go yet, this isn't the time" for some reason or other, "We may go next month or the month after"—then this Army board is confronted with the proposition—shall we order all these doctors back home in civilian life, or shall we hold them 1 month or 2 months so that they can be ready.

Dr. LAMB. Or 5 or 6 months?

Dr. FISHBEN. That is up to the Army. I will say again that I know nothing whatever about military affairs, and that I feel that in time of war the people at the top, including the Commander in Chief, must make those decisions.

Dr. LAMB. But these decisions are relative to the civilian population, and you have a definite interest in that matter?

Dr. FISHBEN. I have the interest—

Dr. LAMB (interposing). There are already 40,000 doctors in the armed forces. If we maintain the present ratio, and there is to be a 7½ million Army, we will have over 70,000 doctors in the armed forces, and if we have a 10,000,000-man Army, we shall have over 100,000 doctors in the armed forces. What would you say was the proper ratio of doctors to the population, which was the absolute minimum, and how much further can we go in that direction?

Dr. FISHBEN. I have observed what has happened in Great Britain and I know what is happening in Russia, and I would say that since we have set up an agency which knows more about the total available doctors than anybody else, they have the assets and the needs, they know what the picture is, nobody else knows it as well as they do—

Dr. LAMB (interposing). If I may interrupt you, may I say that

that knowledge has not materially affected the question of these withdrawals on this scale, because either enlistments or selective service, as you said, have previously had the prior authority. So that this agency with full knowledge, if it has such knowledge, has not been able to affect the outcome of these decisions?

Dr. FISHEIN. I would say that it is within the authority of the Army to change its ratios any time they find it is necessary or desirable. Dr. LAMB. Would you have any opinion with respect to desirable ratios?

Dr. FISHEIN. I would not even have the impudence to do that. I would say to the Army, "The situation in civilian life is becoming critical, and will you, if it is at all possible, economize on your use of doctors so as to leave the utmost possible for the civilian population?"

Dr. LAMB. How recently have you said that to the Army?

Dr. FISHEIN. Well, I will venture to say that I must have said that in personal conversations or in writing, many times.

Dr. LAMB. What was the first date at which you said that?

Dr. FISHEIN. Well, I think the first date at which I said it was in 1940, in June, when we had a joint meeting with representatives of the Army and Navy and the United States Public Health Service, at which time we pointed out that we had just so many doctors and that sooner or later we would have to have definite quotas for each group to be served, the armed forces and the civilian population.

Dr. LAMB. Why "sooner or later"; why not at the start?

Dr. FISHEIN. Because at the start we had an excess of doctors in relation to the population of the country as a whole.

Dr. LAMB. Purely statistical?

Dr. FISHEIN. I agree that there were certain areas that were without doctors, there always have been certain areas without doctors, but—and bear this in mind—there are certain proposals that are being made in relationship to meeting these needs, which are so close to a totalitarian concept of government, and so far from a democratic system of government, that one opposes them on that basis rather than on the basis—

Dr. LAMB (interposing). In other words, Doctor, you feel that the proposals which are being made, some of them, are so extreme that it is preferable to go to the other extreme?

Dr. FISHEIN. No; I have never said that. It is an old rule of mine in all hearings never to permit the questioner to put words in my mouth, so I prefer that you do not tell me what I propose. I will tell you what I propose.

Dr. LAMB. I am asking you to tell me what you propose.

Dr. FISHEIN. I propose, obviously, that the mechanisms which have been assigned by this Government to meet this situation be utilized to the utmost.

Dr. LAMB. And revised?

Dr. FISHEIN. As needed.

Dr. LAMB. How would you revise them immediately?

Dr. FISHEIN. I would say first of all that already—and I have said this once or twice—that already, wherever a shortage of physicians has been made clearly apparent, and we are conducting, incidentally, innumerable surveys, I have here the survey of the Public Health

Service, of the Bureau of Economics, of the Procurement and Assignment Service, surveying all these areas—

Dr. LAMB (interposing). But your decisions with respect to these surveys have been made upon the previous assumption that the ratio of 1 to 1,500 for the United States as a whole can be applied in some fashion to these areas of shortage?

Dr. FISHEIN. I believe if you had asked Dr. Lahey that, he would have told you that that was certainly not the concept. Just yesterday the Committee on Allocations of the Procurement and Assignment Service, determined that in any area where such a decision had to be made where there was a large city, and then a big rural area where you might get to 1 to 7,000, that obviously you would have to correct all your figures on that area on the basis that the large city was sucking in all the doctors and that special arrangements had to be made to meet those rural situations.

Let me go just a little further, because I want to show you that this thing is much bigger than it might seem at first.

These are two concrete instances: There is a physician in North Dakota who serves a terrific rural area. He serves a radius of over 200 miles from his office. The only way he can serve that, obviously, is by motorcar. If you today took that away, he couldn't serve any of the area except what was right next to him. The only way he can serve that area by motorcar is to travel as rapidly as he can possibly travel, and to have snow tires in winter, and to have enough gasoline to permit him to move. Unless you grant that doctor two extra snow tires in addition to the five tires that he is allowed, and unless you grant him enough gasoline to cover his area, you decrease his capacity by 90 percent.

Dr. LAMB. Yes, Doctor.

Dr. FISHEIN. Now then, there are Federal agencies which have already forbidden him to have snow tires, they say, "If you get two snow tires you will have to give up two of your other tires."

Dr. LAMB. In that situation, wouldn't it be a good thing for the Procurement and Assignment Service to have some sort of responsibility for his getting those tires?

Dr. FISHEIN. I am not sure what service ought to have it, but the way I go about getting it is according to Mr. Kaiser's technique. I see the Tire Administrator and say, "We have no responsibility or authority, but we have publicity, and if you persist in what seems to us to be a rather odd attitude, we shall publish these facts."

Senator PEPPER. You mean you personally?

Dr. FISHEIN. I would send him a letter and I would say that the American Medical Association Journal feels—

Senator PEPPER (interposing). I was interested in the initiative that you, as a private citizen, exhibited. You mean you, as the editor of the Journal, are going to take the responsibility for the enforcement—

Dr. FISHEIN (interposing). No; only for the publicity.

Senator PEPPER. But you want to be the whipping boy that will see to it—

Dr. FISHEIN (interposing). I can write a letter to the New York Times, as many other people do, and get the publicity, they would print it, I wouldn't have to print it in the Journal.

Senator PEPPER. It is interesting that you, in your capacity as a paid representative of the American Medical Association, would exhibit the initiative that you—

Dr. FISHEIN (interposing). I have always exhibited the utmost initiative; I have always exhibited the utmost initiative of which I am capable.

Senator PEPPER. I think the poor condition of public health in the United States probably proves you are correct in what you have said.

Dr. FISHEIN. That may be.

Now, the next step, Senator Pepper, would have to do with the question of a doctor who is a pediatrician in a small town in Illinois, and he draws his pediatric practice from an area in that neighborhood of a little over a hundred miles. The farm women bring in their babies to this pediatrician. As far as I know, no method has been provided for permitting farm women to bring their babies in to where the doctor is. In other words, they also must exceed their total ration of gasoline in order to bring the baby to the doctor.

Dr. WEBER. Are pediatricians being taken into the Army?

Dr. FISHEIN. All classes of doctors are being taken into the Army.

Dr. WEBER. I wanted to go back to the question of obstetricians. You mentioned that some of them are being used in their particular specialized professional capacity in dealing with the wives of privates around cantonments?

Dr. FISHEIN. Yes, sir.

Dr. WEBER. And it has been the policy of the War Department, since the beginning of the Selective Service Act, to request that privates' wives not come to the camp areas.

Dr. FISHEIN. That is right.

Dr. WEBER. They have provided some housing for officers' wives, but in the main we will say that 90 percent of the wives of privates are remaining at home?

Dr. FISHEIN. That is correct.

Dr. WEBER. So that the question of bringing children into the world, and their proper care in infancy, is a very critical question in American public health?

Dr. FISHEIN. And you are, of course, familiar with the actions taken by the Bureau of Maternity and Infant Welfare in relation to this obstetric service?

Dr. WEBER. And yet we find that the Army is taking obstetricians and pediatricians into the Army in the same proportion and ratio that they are all other doctors.

Dr. FISHEIN. Well, I would again say that I know innumerable obstetricians and pediatricians who are in the Army, I keep very close track of that, and I would say that it is very likely—in fact, I have the evidence here of a number of areas where there is now a shortage of obstetrical talent.

Dr. WEBER. Washington, D. C., I think, is one.

Dr. FISHEIN. In Germany they have a fuhrer for medicine in addition to Mr. Hitler, and this fuhrer for medicine has decreed—as it is quite conceivable we might sometime have in this country—

this fuhrer has decreed that no woman with a normal obstetrical case shall have a physician, that that shall be handled by some other group in the population, because the German Army is so short of doctors, due to a very large number of wounded, that they have had to withdraw from their medical group great numbers of doctors who were serving civilian populations.

Senator PEPPER. Doctor, let me interrupt you. In the United States, do you have any statistics on the number of deliveries that occur in the several States in normal times in this country by midwives and not by doctors?

Dr. FISHEIN. Oh, yes.

Senator PEPPER. Take my State of Florida, for example. Are the majority of child deliveries in normal peacetimes by doctors or midwives?

Dr. FISHEIN. That varies State by State, depending on the number of doctors available, the number of whites versus colored population. For instance—

Senator PEPPER (interposing). Do you happen to know those figures for Florida?

Dr. FISHEIN. I think I can give it to you in generalization, and I can get you the exact figures very promptly. But I happen to know that pretty well, too, because I have been down there on various occasions, and—

Senator PEPPER (interposing). Do you think the majority of deliveries are by midwives or by doctors in Florida?

Dr. FISHEIN. I would say that the State of Florida holds pretty well to the country as a whole, that the vast majority of white women are by physicians, and in hospitals, and that the majority of deliveries by Negroes are not in hospitals and not by doctors.

Senator PEPPER. If you will, will you put in the record information to show for the country and State by State, how many deliveries are by midwives and how many by doctors?

Dr. FISHEIN. Yes, sir; and I can add to that the relative maternal and infant mortality which goes with that.¹

Senator PEPPER. For example, in Florida I was advised at one time that after the W. P. A. had put on a lot of nurses and after the midwives had been given instructions in their duties, that infant mortality in Florida in the next year decreased more than 10 percent.

Dr. FISHEIN. I would believe that.

Senator PEPPER. And that was outside the medical profession.

Dr. FISHEIN. That is true, and that has been done in various other places—in Oklahoma, where four centers were set up for obstetrical care, particularly for people in the low-income groups, and arrangements were made to send good medical service from these four centers.

Mr. KAISER. The doctor has intimated that he would emulate my technique in getting results by threatening publicity. I think that brings home a very important question, because if he really believes in that policy, possibly the medical profession or medical society must likewise believe in it, and that justifies the position that we have been holding. My feeling is that he who, by threatened publicity, accomplishes anything, should be removed from the service of his country. I likewise feel that way about myself and the medical association, if that is the policy they follow.

¹ This information had not been received at time of going to press.

Dr. FISHBEIN. May I say this, that in a democracy—you have dealt with a fundamental concept—if we presume that the people of this country are the ones who run the country, the people must know. And the only way to get action is to let the people know, and if you have an area in which there is a shortage of doctors and you want doctors, you have a right to let the people know that you are short of doctors. And then if you attempt various strong-arm methods to accomplish things that are outside the law, and any newspaper finds that out, they have a right to let the public know.

Senator PEPPER. If the American Medical Association finds a deficiency in doctors in the country, are you going to give publicity to that deficiency and use the full glare of the spotlight of publicity to remedy that condition?

Dr. FISHBEIN. We are doing that all the time.

Senator PEPPER. And if you should find that group insurance of a legitimate character would be a method of using more efficiently the medical talent and personnel of the country, are you going to use that same publicity to achieve that purpose?

Dr. FISHBEIN. We not only have used the publicity, but we have adopted the policy. There are 13 State medical societies that have set up such plans, there are over 300 counties that have set up prepayment plans for supplying medical service, and again we probably have failed in our publicity in not letting enough people know that the medical profession is itself working out these plans.

Senator PEPPER. If you find instances in which members of the Procurement and Assignment staffs have used their public position and power to serve some private end, are you going to give the spotlight of publicity to that?

Dr. FISHBEIN. I would be the first to recommend removal. If I should find that any doctor endeavored to coerce Dr. Garfield, any doctor, if it came to my personal knowledge that any doctor endeavored to coerce Dr. Garfield by saying to him, "You will either do this or you will be marked essential for military service," I would be the first to recommend that that man be removed from that position.

Senator PEPPER. And if you found that there was an appreciable danger that that position was being abused to serve private ends, then you would recommend the reexamination of the policy of using such personnel in a Government position?

Dr. FISHBEIN. If I found that any system was capable of coercion in what is presumed to be a democracy, I would recommend a change in the system, because I have always been a believer in democracy.

Senator PEPPER. Do you regard the American Medical Association as a perfect example of democracy in its functions?

Dr. FISHBEIN. I would say that it is organized like the United States Government, and it comes as near to functioning like the Government as the Government comes to functioning as a democracy should function.

Senator PEPPER. Thank you very much, Doctor.

Dr. FISHBEIN. Now, Senator Pepper, does this conclude what I have to say? I have one more statement to make which has to do with a direct charge, using the language of gangsterism, that the American Medical Association had "put the finger" on certain doctors

to force them into the Army. That statement was made by a witness before this hearing, and widely reported in the press of the United States.

And in a statement—whether made here or in the press, I do not know—that witness identified the man on whom the "finger" was put; and I would say that I, typical of what we endeavor to do to get at the basic facts—that that man himself has made a full explanation of what was meant by that statement, and that it was entirely unwarranted.

Now, if you wish to have that further identified, I can identify the whole incident for you, but inasmuch as it comes in the realm of definite fact, I think it should be in the record that the statement that was made, that the A. M. A. had "put the finger" on some doctor to force him into the Army, was a statement absolutely without any basis in fact, and that if the doctor mentioned were questioned by the committee he would himself say that there had never been anyone put any "finger" on him, anyone representing the American Medical Association.

AFTERNOON SESSION

STATEMENT OF DR. E. J. O'BRIEN

Senator PEPPER. Would you give your full name to the reporter, and your address?

Dr. O'BRIEN. Dr. E. J. O'Brien, Detroit, Mich.

Senator PEPPER. And any representative capacity you have?

Dr. O'BRIEN. I am a member of the council of the American Thoracic Society, president of the State sanatorium commission, and chief thoracic surgeon in about eight hospitals in Michigan, and one in Ohio. I am also professor of clinical surgery at Wayne University.

Senator PEPPER. Doctor, suppose you first make any statement that you have in mind, and then we can interrogate you if it will help you to bring out any of the matters that we are interested in.

Dr. O'BRIEN. Senator, I was asked only yesterday afternoon to come here, and came in by plane. However, I gathered quite a bit during the course of the morning, and there are some things that struck me as very pertinent. I think that the matter of public health, as a whole, is much bigger than any individual or any group of individuals or any society. I believe that public health is something in which we are all vitally interested if for nothing else than self-preservation. I think it was brought out quite clearly this morning that there is some dislocation of proper authority in the determination of a fair quota of doctors both for our armed forces, and for the civilian population.

Senator PEPPER. Doctor, do you then regard the public health as vitally related to the effective prosecution of the war?

Dr. O'BRIEN. Yes; very much.

Senator PEPPER. And if the Government neglects to concern itself about the public health, can it hope to achieve an efficient use of its manpower resources?

Dr. O'BRIEN. I don't think so, Senator. I want to state here that I am a member of the American Medical Association, as most doctors are, and I do not believe that the agencies set up either under or with the cooperation of the American Medical Association are working out

efficiently. I think that they have done a good job with their limited powers, but they lack real authority to prevent improper allocation of doctors. We know that many hospital units—one, the Massachusetts General Hospital, was mentioned this morning—are not efficiently utilizing their personnel. The University of Wisconsin unit, sent to Battle Creek months ago is another example. The Northwestern University unit was at Battle Creek for months and months doing almost nothing. The Harper Hospital unit of Detroit left in July for Camp Custer at Battle Creek, and is now at Sparta, Wis., waiting for action. The Wayne University unit is scattered; some are in Springfield, Mo., and others are waiting to be called. These are a few of the examples. Hundreds of men, among the best of our profession, are idling away their time while the home front suffers. There is a serious shortage of doctors. The men in these units are part of the cream of the profession; the civilian population is deprived of their much-needed talents when they leave with a unit. If this were necessary for the successful prosecution of the war, no one would criticize, but it is difficult to understand why these excellent men should be taken away from their practice, and left in camp for months and months doing nothing, comparatively. These men are all specialists. They are not picked haphazardly, but because of their special ability. Nevertheless, these men have been in camp, their efficiency deteriorating because of lack of work. Our first year of war has been mostly one of production, when the health of those engaged in this work needed the best of medical care to keep them fit for their jobs. In spite of this, 40,000 doctors have been sent to camp, many of them doing clerical work. It does, of course, take some time to train men for military service abroad, but certainly not this number for such a long period of time.

In the Herman Kiefer Hospital in Detroit, there was a time when the staff was depleted to such an extent that they had only two full-time medical residents on the tuberculosis service. The Army did not take these men deliberately. Indirectly, however, the war was responsible. Some enlisted. Some were drafted. Some left for private practices. Others finished their training, and left. These men could not be replaced because the group of young men, from which our replacements come, had gone into the Army. This can mean only lack of foresight and correlation some place.

I am not a believer in regimentation, as such, but it seems to me that if one doctor can be taken in to the Army to be sent wherever he is needed most, other doctors at home should be kept where they are best fitted and most essential, a policy now considered for all our manpower. I am sure most doctors are willing to serve our country—in the Army or out of it—wherever they are needed most to help win the war.

I think the boards will do the best they possibly can with their limited power. Our Michigan procurement and assignment has; but I am not speaking of Michigan alone. When we were in distress, our hospitals depleted, and so forth, a meeting of the advisory council of the State department of health, and the State Sanatorium Commission was called. I told them that I was afraid of a breakdown in our tuberculosis program because of the depletion of our staffs. Michigan is supposed to have—and has, I think—one of the best set-ups for the management of tuberculosis in this country. I do not think anyone

will question this. Nevertheless, it looked as if this program was going to be curtailed seriously. A committee was appointed, of which I was a member, and this committee wrote to the procurement and assignment board, and told them of our troubles. We asked that at least the medical directors of the tuberculosis sanatoria throughout the State be kept at their posts together with the men these directors considered essential. This was agreed to, and our program still continues. This was not achieved because these boards had the power to control the movements of any individual, but merely because they were understanding and cooperative, and added their influence to our pleas. I think, therefore, that there should be some control board whose decisions should have teeth in them, and who will stand against the onslaughts of those less informed or less interested. It is hard to recommend—

Senator PEPPER (interposing). Pardon me. For example, the Procurement and Assignment, if they were going to be the agencies, would have the authority to say to the Army, "Here are so many for you," and to the civilian population, "Here are so many for you and for the various areas."

Dr. O'BRIEN. That is right, Senator. Somebody must have the authority to see that proper allocation is made. I don't care who it is, but somebody must have it. I am particularly interested in the lack of what is being done, not only now, but before the war, about communicable diseases. The South, not because of lack in professional ability, conscientious welfare workers, and so forth, or desire to do so, but because of lack of funds, in many areas, does not have an opportunity or adequate facilities for the control of such diseases. However, there are thousands of people throughout the whole country, coughing and spitting death and destruction from tubercle bacilli in streetcars, hotels, theaters, homes, and everywhere; but from a national viewpoint, nothing is being done about it. Much of our prospective manpower is lost because of illness and death due to the short-sighted lack of control of this controllable, communicable disease. Certainly, the American Medical Association is doing little about it.

In certain localities, such as Detroit, something is being done about it. In our city, the council voted \$1,000,000 just to find these patients who are menacing our city's health, and we were really getting results when our mayor (who is now under sentence for graft) cut this item in our budget, and hampered our efforts. This was done under the guise of economy. Previous to this case-finding campaign, 80 or 90 percent of the patients entering our tuberculosis sanatoria were found to have advanced disease. Only about 10 percent of patients were discovered in the early stages when a large percentage could be salvaged. During the height of our case-finding program, in some areas we reached the figure of 40 percent of patients found with early disease. This was done by means of X-ray of our people.

I have no fight with Dr. Fishbein nor the American Medical Association, but I believe firmly that public health is bigger than any individual or group of individuals. In the examination of our boys for the armed forces, we shall probably X-ray at least ten or fifteen million men. Many of these men are going to be found to have active tuberculosis; others, with only healed childhood types of tuberculosis. But all of them were infected by someone who had active disease, and if a

check of their homes and contacts were made, many new cases would be found. If we had sufficient hospital beds to put them in where they could be isolated and cured, we would salvage much of our manpower, and secure a much better state of health both now and in the post-war period.

Health is essential to our military effort. We are losing soldiers, and other citizens, and shall continue to lose them unless we take advantage of the golden opportunity that now presents itself, to find the individuals who are destroying this manpower. The opportunity is thrown into our laps, and nothing much is being done about it except in a desultory way in scattered communities.

Senator PEPPER. Is tuberculosis considered to be increasing as an incident of the war, in certain areas?

Dr. O'BRIEN. This has not been tabulated accurately as yet, Senator, but it will certainly increase especially in great industrial centers unless we take advantage of the opportunity of case finding that our Army examination affords us. Everybody gets tuberculosis from someone who has it. If we can so easily find those who have it, it seems a pity and a waste of money and manpower not to make the most, intelligently, of this opportunity. There must, of course, be more money and more beds available. We must have at least three beds to every death. But surely this is not much money these days. In the end, it will be the means of saving many times the amount expended in actual cost of caring for those who are unnecessarily invalidated by the disease. Even if one forgets the pain and suffering caused by tuberculosis, and the enormous economic waste which must result, self-preservation alone should want this controllable disease eradicated. Not doing so may mean your health, Senator, or that of your family or mine, and all others. It is essential, however, to have a definite plan and program for the elimination of this disease. It matters not whether this program is carried on by the American Medical Association, as such, or by some other agency as long as it is done.

But getting back to the allocation of doctors, it is difficult for me to see why we should have one man to a hundred in the Army, which is composed of perfectly normal and healthy individuals, and leave the civilian population with one doctor to one to three thousand or more. I would not presume to tell the Army what to do, but I feel that this distribution of doctors is not fair to the public, and, as yet, it does not seem to be necessary in the winning of the war.

Senator PEPPER. Let me interrupt to ask this. According to your best judgment, how many people die every year, in the United States, from tuberculosis?

Dr. O'BRIEN. I think about sixty-thousand-odd, Senator Pepper.

Senator PEPPER. Sixty-thousand-odd. By adequate medical care and attention, how many of those deaths could be prevented?

Dr. O'BRIEN. Well, eventually they could all be prevented. Tuberculosis is a controllable, and therefore preventable, disease. We cannot stop it right away, Senator, but if, for example, everybody in the United States were examined tomorrow with an X-ray, and if we had beds enough for those found who had active tuberculosis in order that they might be isolated, we would stop the spread almost immediately. Many of those found would be sick for long time, of course, and many would die, although we can salvage a large percentage of the tuber-

culous now with modern treatment. But if such a program were carried on nationally and persevered in, I think tuberculosis would cease to be a serious matter in the course of our lifetime.

Senator PEPPER. How many of the rejects in the Army have been attributed to tuberculosis?

Dr. O'BRIEN. I haven't those figures. I did not even know that I was to come here until late yesterday so I am not prepared with such statistics.

Senator PEPPER. I know that, in my State, we had a few years ago, under the Public Works Administration program, the first and only hospital for treatment of tuberculosis people in the whole State of Florida. Since that time, we have tried desperately to get an extension of the facilities of this institution, and we utterly failed on the statement that we did not have the facilities or the materials for their warranting any extension, and it would have to be postponed until the end of the war. If it is not being done in that State, then in no other part of the country is there any provision being made to take care of the discovered tuberculous patients or victims who come in through the Selective Service System.

Dr. O'BRIEN. There is no concerted national effort to care for the situation. In Detroit and some other communities, cooperation has been effected between Selective Service and public health officials, but the vast majority of individuals found to have tuberculosis, or who could be found through Selective Service examination, are not properly segregated, nor has the source of their disease been traced.

Senator PEPPER. Dr. Parran testified here before this committee that at least 25 percent of the rejects from military service under the Selective Service System could be rehabilitated with proper attention and care if proper facilities were provided.

Dr. O'BRIEN. If you are speaking of tuberculosis, I would add about 50 percent more and make it 75 or 80 percent that could be salvaged because most of the individuals so found have fairly early disease, and we most assuredly can salvage most of them. Certainly, 25 percent is much too low an estimate. It is, at any rate, according to our figures in the State of Michigan where we really try to take care of tuberculosis. To take proper care of it, you must have sufficient beds to care for the patients, and enough money to take care of their families.

Senator PEPPER. Can you imagine Dr. Parran stating or imagine the condition which he was forced to describe when he said he had recommended 290 hospitals to take care of the millions of war workers that were being moved around from place to place? That was some good while ago. The President had approved 218, but only 2 have been completed; 51 were under construction when he spoke rather discouragingly about any substantial improvement in the hospital construction program.

Dr. O'BRIEN. It looks to me as though any break-down in the health program for those who are left here to build the ships and tanks and airplanes or work in the munitions plants, et cetera, would be a calamity. If we think these people are important, and they are, I think the health of their families should be most important too, and I don't think it fair to say that they must take what is left after the Army gets their men, but rather a proper ratio must be maintained. Dr. Lamb, I believe, this morning emphasized what the situation may

be if the present ratio of doctors in the Army and for the civilian population were continued until we had an Army of 10,000,000. He stated that there would be about 20,000 effective doctors left for the population of 160,000,000 people. Such a situation does not make sense to me.

Senator PEPPER. One hundred and twenty million people?

Dr. O'BRIEN. Yes, sir. So I think there must be a more carefully planned allocation of doctors so all our people may be properly served.

Senator PEPPER. Dr. O'Brien, are you a member of the American Medical Association?

Dr. O'BRIEN. Yes, sir.

Senator PEPPER. You have been engaged in the practice of medicine for how long?

Dr. O'BRIEN. I have engaged in the practice of medicine for 33 years.

Senator PEPPER. Are you at the present time in public capacity in the city of Detroit?

Dr. O'BRIEN. That is right, sir.

Senator PEPPER. Don't you think that it is for the public interest that we approach this whole question of the health of the people with as much freshness of point of view as we can and with as little opportunity for prejudice or personal interest to interfere with an adequate health program as can possibly be done?

Dr. O'BRIEN. Yes, sir; health is bigger than individuals. That is my main premise. Health is all we have that is worth while, and we must have a definite plan to care for it. Whether we continue our efforts to care for it in a democratic or totalitarian way does not make any difference as long as it is done. If the American Medical Association, which includes me and my colleagues, can do it without outside assistance, that is fine. As long as it is done, it does not matter who does it. There should not be any let-up in the attempt to control disease because of individual preference of societies or anything else. Members of the American Medical Association must really be in charge of medical practice, as such, because they represent the best in the medical profession. There are not many doctors of consequence who do not belong to it. Therefore, any doctors who would be members of an over-all board or group working in the interest of public health, proper allocation of doctors, and so forth, would, of course, be members of this society. In such a board the people should be represented as well, as it is they who have the disease.

Senator PEPPER. Dr. Weber had some questions.

Dr. WEBER. This may be off the record, but I am just particularly interested at the moment in obstetricians because of a certain family problem. I am particularly puzzled by the fact that the Army makes no special rule in regards to obstetricians. That is, they take the men in just as they take in any other group of doctors or dentists or whatever they are working with. What is your particular viewpoint on that? Do you think that obstetricians should be classified as essential to the maintenance of the civilian population? Or should they be taken just as ordinary practitioners?

Dr. O'BRIEN. I have not checked into this, but I heard this morning that there is a large maternity clinic to care for the families of the men in the Army. That is something I did not know before. Because of my ignorance of this fact, I would have thought obstetricians were

more essential at home. In the last war, we did not have such a clinic with the Army.

Dr. WEBER. Are you familiar with the Procurement and Assignment Service in the Detroit area?

Dr. O'BRIEN. I am well acquainted with the men in charge, and I made the statement that they are very fair. When I went to them with the problem of the scuttling of our tuberculosis hospitals, and told them of the men whom we thought essential, and so forth, they immediately classified them as such. But may I elaborate on that a little bit?

Dr. WEBER. Yes. Please do.

Dr. O'BRIEN. They are classified as essential, and put off for 6 months, but what is going to happen after the 6 months, we do not know. Neither does Procurement and Assignment or Selective Service. I would like to have some board control matters, who would be able to tell us in order that a proper health program may be maintained.

Dr. WEBER. I wanted to ask if the officials of Procurement and Assignment in the Detroit area are officials of the American Medical Association unit there.

Dr. O'BRIEN. I would think so.

Dr. WEBER. Do you know of your own personal knowledge?

Dr. O'BRIEN. I could not say whether they are officials or not, but they are all members.

Dr. WEBER. Your hospital there was cut down from 16 to 2 physicians, you say?

Dr. O'BRIEN. We were down to two full-time medical residents in the tuberculosis division at one time. That is right.

Dr. WEBER. And that was for a hospital of 900 patients?

Dr. O'BRIEN. A hospital of about 700.

Dr. WEBER. And it now has how many physicians?

Dr. O'BRIEN. It had 16. I believe at the last count, it had 5.

Dr. WEBER. How did it decrease from 16 to 2? What was the cause?

Dr. O'BRIEN. That was due to a chain of circumstances, as I stated before. The Army took some. Some left to go into private practice, a thing I think should not take place in these times. I think those who are essential in a hospital of this sort should be kept there until the war is over. Also, the group of men who were supposed to come in as replacements were taken into the Army so our source of supply was very limited.

I would like to say, also, that I think there should be more regulation of the State boards of registration. For instance, we have had to turn down a number of doctors, recently, from Canada; they were highly qualified men, but we could not take them. I am not for letting the bars down, and taking in all the refugees, but I think there is a certain group of doctors that could be brought in. A lot of men are in this country from South America, our good neighbor. I think they should get a license, as should Canadians for the duration. I am not in favor of permitting these doctors to come in and take the place of our boys who have gone to war, and having them find, when they return, that their practices have gone to somebody else who stayed at home. But this would not take place if these men were given a license for the duration only.

Senator PEPPER. If they were given a conditional license or terminal license by the local board?

Dr. O'BRIEN. Yes. Their licenses should terminate at the end of the war.

Senator PEPPER. All of us are sympathetic with that if it should be necessary for the Federal Government to step into this field on account of the concern about the national health, and if some local associations or local registration authority would not cooperate, do you believe the national need would justify the Federal Government in using the power necessary to accomplish this end?

Dr. O'BRIEN. I certainly do think so. I believe that anything that is necessary should be done toward the ultimate goal of preserving the public health, and controlling disease. If those of us in charge now cannot do it, let us get somebody who can. Let us not let people die needlessly when they can be salvaged. Whether you call this totalitarianism or industrial medicine or group medicine or American Medical Association, I do not care. I want public health taken care of.

Senator PEPPER. Doctor, we thank you. There are hundreds of questions we should like to ask you, but we are running against time, and we appreciate very much your coming here. You have been very helpful.

I want to read into the record a dispatch from Dr. Paul De Kruijff, dated at Holland, Mich., November 5, and is as follows:

Despatches from the Washington Bureau of the Chicago Sun and from the United Press allege that in testifying before your committee November 3 I said that "I had been expelled from the American Medical Association for liberal ideas." As you know I made no such statement. My testimony could not have been so grossly misunderstood and the falsification of my testimony must have arisen from sources attempting assassination of my character. I believe the vast majority of the physicians of America are sound at heart and are working for the help of the country. I have not attacked the American Medical Association as such. I believe that just as American labor is misrepresented by certain racketeers so also American medicine is misrepresented by a few men who have tried and are trying to block cooperation between the American Medical Association and the Federal Government in organizing a health program that would strengthen the Nation in the present emergency. I believe that the physicians of the country once they realize this will take care of the situation and clean their own house. Respectfully request that you read this telegram into the records Friday morning, November 6.

PAUL DE KRUIJFF.

Senator PEPPER. I would also like to read into the record a telegram received from Dr. Olin West, secretary of the American Medical Association, dated Chicago, November 5, as follows:

In an item in the Chicago Sun for November 4 it is stated that Paul De Kruijff stated at a meeting of the Manpower Investigation Subcommittee of the Senate Committee on Education and Labor that he had been expelled from the American Medical Association. Please be informed that Paul De Kruijff has never been eligible for membership in the American Medical Association for the very simple reason that he does not hold the degree of doctor of medicine and insofar as our records indicate has never been licensed to practice medicine. Available information is to the effect that De Kruijff holds the degree of doctor of philosophy. He has never been enrolled as a member of the American Medical Association nor as an associate fellow. In the item which appeared in the Chicago Sun it is stated that De Kruijff attacked the American Medical Association for "allegedly" carrying on a recruiting campaign to put doctors into the armed services, citing instances in which he claimed the organization had put the finger on doctors of importance in order to force them into the Army. Any such statement from whatever source it may emanate is without even the slightest foundation in fact. The American Medical Association has nothing whatever to do with the issuance

of commissions or with the assignment of medical officers. The association has earnestly attempted to cooperate to the fullest with all Federal agencies concerned with medical and public health aspects of the war program.

OLIN WEST,
Secretary, American Medical Association.

Also I will insert into the record a telegram from Dr. Herman N. Bundesen, president of the Board of Health of the City of Chicago, as follows:

Re your telephone message requesting that I be in Washington on Friday morning, I regret to advise that as chief of emergency service of the Chicago metropolitan area I already had planned an inspection tour of the district on Friday and Saturday which will take me out of Chicago and make it impossible for me to attend your meeting on Friday. I shall, however, hold myself in readiness for future orders. Much favorable constructive publicity is being disseminated over the country as a result of Senator Pepper's activities.

Please give him my kind personal regards.

HERMAN N. BUNDESEN, M. D.,
President, Board of Health.

Senator PEPPER. Dr. Michael Davis, will you come forward and give the reporter your full name and address?

STATEMENT OF DR. MICHAEL M. DAVIS

Dr. DAVIS. My name is Michael M. Davis, my address 1790 Broadway, New York City.

Senator PEPPER. Will you go right ahead, Doctor, and make any statement you care to make on this question?

Dr. DAVIS. I should like to make a statement that refers to three points. I should like to say something regarding the Procurement and Assignment Service with reference to the way it has exercised the responsibilities which the order creating it gave to it.

I should like to offer certain suggestions regarding the organization under which it seems to me the situation in the future should be handled; and thirdly I should like to say something regarding the manner in which physicians could in the future be assigned after they have been procured, to civilian areas which need them, a matter which this morning was hardly touched upon.

As regards the Procurement and Assignment Service, there are certain points which I feel should be called to the attention of the committee if they are not already in the record.

There has been discussion as to the quotas. That has been referred to a number of times, and the fact that certain States have been overdrawn far beyond their quotas, while other few populous States are under their quotas. It may not be clear that the Procurement and Assignment Service having been given responsibility for considering civilian as well as military and industrial needs, did not give out the quotas to the States until long after Pearl Harbor, until approximately the late spring—the late May or June—gave out to the individual States the quotas by which they were supposed in the future to be guided in the recruitment of physicians or in their advisory relations to Selective Service. The lateness of the date at which the quotas were given out are in themselves an evidence of the slowness with which the Procurement and Assignment Service moved from the stage of being a registration agency to a point at which it became an agency exercising effective influence upon the actual task of procurement and assignment.

Then it was not until your committee brought out in your record the manner in which the processes of recruitment for the Army had actually proceeded—that is, not until the last few days—that it had become available to the public how unevenly the recruitment practices had been handled. There has been ample opportunity, both through the *Journal of the American Medical Association* and the general press, for both the medical profession and the public to be informed as to how recruitment was proceeding, so that even if the Army is slow to change its procedures, even if there were pressure of public opinion to stop medical recruitment in States which were getting up beyond their quota, perhaps some change would be brought about so that the efforts to recruit physicians for the Army should be concentrated in this limited number of States which had and still have considerable numbers of eligible physicians within their quotas.

Senator PEPPER. Are you Dr. Michael M. Davis?

Dr. DAVIS. Yes.

Senator PEPPER. Are you a physician?

Dr. DAVIS. I want to make this clear. Like Dr. De Kruijff, I am a doctor of philosophy. I have been in medical work as a hospital administrator and hospital consultant and in the study of medical economic questions for practically all of my working life, but I am not a physician and therefore I am not a member, of course, of the organized medicine profession.

Senator PEPPER. You are like Dr. Fishbein in that most of your professional life has been spent in administrative matters affecting the public health, rather than in the practice of the profession of a doctor.

Dr. DAVIS. Obviously, not being an M. D., I could not practice the profession of a doctor. I have been concerned with administrative work in hospitals and related matters, and I have been concerned with studying and writing on the subject in many parts of the country.

Senator PEPPER. Did I understand you to say that you did not consider that the country had had this matter of the disparity between the number of physicians that were being retained in the civilian service and those that were being taken into the Army, relatively, until some weeks ago when this committee, first through the testimony of a doctor from Texas and through some other information, made the matter public in its preliminary report?

Dr. DAVIS. So far as I have been able to ascertain, there had been no publicity before that time given to the unevenness of the way in which these quotas had been handled.

Senator PEPPER. Did you know that today, for example, there was being held in Washington a conference of the various representatives of the various agencies to discuss this very problem that this committee has disclosed to the country, and try to find some way to adjust the problem?

Dr. DAVIS. I did not know that.

Senator PEPPER. Dr. Leahy, the Chairman of the Procurement and Assignment Service, made that announcement to the committee, that he was calling such a conference. He also made it clear to the committee that such a conference had no authority, that there was still no over-all, general agency created that had any teeth in it, as Dr.

O'Brien said, but it was just going to be consultation, because, as Dr. Leahy put it, there was always a serious shortage of doctors for the civilian population. Is that your opinion, that there is still a serious shortage in the civilian population of doctors?

Dr. DAVIS. I am of the opinion that at the present time the number of doctors that has thus far been taken into the Army, would not, taking the Nation as a whole, constitute a serious shortage if the doctors were more equitably distributed in relation to the need, and if the conditions of practice were such that the fullest opportunity could be taken to use the doctors' time to the maximum.

Senator PEPPER. At the present time, with the private compensation system that is in vogue, is it likely that medical services are distributed according to medical need?

Dr. DAVIS. I think we have very good evidence to the contrary, because it has been perfectly clear that for many years past—it was suggested this morning—that physicians have tended to go in disproportionate numbers to the cities, that is, to the places in which the relatively large proportion of wealthy and paying patients were found. A very close correlation exists between the average per capita of wealth areas in the country, and the distribution of hospitals and physicians. That situation has been going on for a long time and has been relatively, on the whole, increasing rather than decreasing.

Senator PEPPER. So that the existence of medical facilities and medical attention are more nearly to be found congruous to the wealth and ability to pay for those services than with the need for those services?

Dr. DAVIS. Yes, sir. And I should like to point out another item which I think has a bearing upon the unevenness of the Procurement and Assignment Service, namely, the vague and often confused character of the instructions which it has given out. I am in very close touch with the hospital world professionally. Recently at the annual convention of the American Hospital Association in St. Louis a few weeks ago, I had occasion to talk with hospital administrators from many parts of the country, men who have been very much concerned, of course, with the maintenance of their staffs, and I was struck by the great difficulty which they had in agreeing among themselves on the basis on which they were to review their staffs and declare or recommend that so and so or so and so, members of their staff, were essential or not. I turn back to a pronouncement of the Procurement and Assignment Service, which I would like to read two or three sentences from. This comes from the August 1 issue of the *Journal of the American Medical Association*, where Dr. Leahy, the chairman, had set down a series of frequently asked questions with the answers as released by the board. There are two questions that were asked relating to essentiality of a physician on the hospital staff:

On what basis do you call a man essential at a hospital? What yardstick do you use to call men essential to the hospital staff?

And the answer quoted is:

Each hospital is supposed to make its own list of essential men, which is submitted to the State chairman of the procurement and assignment. If he agrees, they are considered essential. If he does not, the hospital will be required to modify its list.

I submit that the hospital administration does not receive from that answer anything at all as to the standards on which they are to proceed in determining whether or not the individual staff member is essential. And that is an extremely important matter, because such a determination involves the whole future of the staff member for a few years, at least, and it should be determined on what basis his essentiality is to be determined. Clearly there should be some criteria or standards enunciated which should guide individuals in making up their decisions.

This is merely one illustration which I offer of the failure to give clear-cut criteria or standards on which individual physicians or hospital administrators or hospital boards should proceed to determine this very vital question.

There is another point that I would like to lay stress on, because it seems to me to be basic. The whole foundation of the organization of the Procurement and Assignment Service has been built up, and the national organization has functioned, on the policy that the primary responsibility rested with the States and localities and with a minimum responsibility upon the national group. I could illustrate that in this way. It happened that last July a public forum on the air was held in which the then executive officer, Colonel Seeley, of Procurement and Assignment, and myself and one other man took part. At that time Colonel Seeley stated that the matter of meeting the civilian need for physicians in areas was primarily a local and State problem. A month later than that, in an official pronouncement of the Procurement and Assignment Service, published in the *Journal of the American Medical Association*, the same principle was repeated, that the decision of civilian needs is essentially a State and local problem.

So long as that principle carries through clearly, it is inconceivable that there can be a proper balance between the relative needs of States, so long as the State is the primary unit for decision. That principle, of course, may be taken along with another point which goes to the root of the whole matter and has a great bearing on the future, namely, so far as we have proceeded in relation to this matter of the judgment of the essentiality of physicians for industrial, military, or civilian service, the responsibility for the administration has rested wholly upon a group of physicians. It is perfectly clear if one considers that in terms of the locality, that if you are considering the question as to whether or not additional physicians are needed in the area, that you place upon a group of physicians living and practicing in that area a question in which their personal interests are inevitably involved with their public judgments. And that is a decision which I think it is undesirable to place upon any man. I work with physicians, and I have worked with physicians all my life. What I say is no reflection upon them. On the contrary, I may say that I have found, and it is my opinion, that physicians are especially idealistic and public-spirited, with a high degree of public consciousness of duty to the community, but I believe that it cannot be gained that no men can be trusted with judgments affecting the lives of others when their personal interests and their public judgments are both involved in the same case.

Senator PEPPER. Would that lead you to question the wisdom of the Procurement and Assignment Service in essentially having adopted the officials and the lists of the American Medical Association in the determination of who are eligible and who are ineligible for the armed services?

Dr. DAVIS. I think that the very close working relations which undoubtedly exist between the Procurement and Assignment Service and the American Medical Association, State and local branches, are inevitable so long as the body set up by the Federal Government to deal with this medical manpower question is wholly a professional group.

The point to which I am alluding is that I believe that the basic decision as to local and State needs should be made by a group in which certain public interests are represented along with certain professional groups. And I believe that the over-all situation nationally should be in a similar mixed body.

Senator PEPPER. Is there not in your opinion a difference between taking the technical advice and counsel and deriving technical knowledge from technical men, and in putting the technical men in the places to make the final decision. For example, a judge on the bench will hear the testimony of medical men about a medical question, but after all he sits representing the public and determines the decision according to the weight of the evidence and its competency and relevancy as he sees it. While no one might question the absolute necessity of the Manpower Commission and the Selective Service in seeking the advice and counsel of the medical men, yet when it comes to the decision, if it were left to the medical men solely, that would make them substantially the administrative agency itself, would it not?

Dr. DAVIS. Yes, sir; and I believe that until basic defect in the present whole set-up is corrected that we cannot have a satisfactory policy. If I may enlarge upon that point a little bit?

Senator PEPPER. Go right ahead.

Dr. DAVIS. It seems to me that if there is to be set up, as your committee and others have suggested, or that another congressional committee has suggested, a general manpower body, as was suggested this morning by Mr. Kaiser, in which various interests should be represented as an authoritative body, that the same general principle needs to be applied in controlling the subsidiary but important question of medical manpower, that is, that a body in which the groups of the public directly affected—labor, industrial management as applied to industrial areas, farm groups as applied to rural areas, the general public, and, of course, the medical profession and the allied profession of dentistry, and others, if you like—would be brought in to decide and outline the basic policies for the Nation, and only such a body which incorporates in its decisions both the public points of view along with the professional and technical knowledge, can be a proper body to leave these matters to.

I would like to go further and apply that to the local level. A situation such as Mr. Kaiser described this morning indicates to my mind that the decision as to the local needs in his area for more physicians—for the introduction of more physicians—their employment in

one fashion or another, and that in that decision the workers in Mr. Kaiser's factories, and Mr. Kaiser as the employer, they both have a vital stake, as well as the physicians of the locality have a vital stake in it, and the basic decision on that, or the recommendation as to whether more physicians are needed, should be made by a group in which all of those interests are represented locally, as well as for the consideration of the technical information that the physicians alone have to offer.

I would like to give an illustration of how the present policy has worked in a community very near to us here—that is, in Baltimore. You have already heard, and it is common knowledge, of the serious conditions in the suburbs of Baltimore near the Glenn Martin bomber plant. In that Middle River section, it has been made well known, through publications in the Baltimore papers and otherwise, that there are over 50,000 persons now in an area that had a small population awhile ago, and that there have been and still are only six resident doctors in the area. To get a doctor out from Baltimore is difficult and expensive on account of the mileage charges, and so forth. It may not be so fully known, although it is also a matter of public knowledge, that in order to begin to meet that situation, a plan was worked out by the United States Public Health Service and the United States Children's Bureau, acting under the authority which they have under the two titles of the Social Security Act, by which they can spend certain public funds appropriated to them by Congress at the request of the State Health Department. A plan was worked out to meet the very critical situation in obstetrical care in that area by which an additional physician, a woman physician, was to be there, a woman so that she would not be involved in the draft, and she was to be introduced on full-time salary, and an arrangement was worked out with Johns Hopkins Hospital so that she would be given some special supplementary training for a period to make her ready. The plan was to place her in this area with a small trailer hospital, and it was to go into effect about the first of October. The plan in the initial stages was approved by the six local physicians, and I presume the county board of the county, because it was a county matter, not being within the city limits of the city of Baltimore.

Unfortunately, late in the game and after all of the arrangements had been made and after the woman physician had been engaged and was already about completing her training at Johns Hopkins, a change took place in the minds of the six local physicians and they changed their views and opposed the plan, so that the steps by which the United States Public Health Service and the Children's Bureau could supply their funds were broken down, because the consent of the county health officer and of the State Health Department necessary for the expenditure of those funds was no longer available, because the plan was no longer approved by the local medical group; in other words, the needs of a number of women in this area with a population enormously grown from the original number and only with the same number of doctors that were there before, and yet the United States Government could not proceed to carry out an already well-made-out plan because of the objection of the six local doctors in that area.

Senator PEPPER. The six private doctors, then, by objecting to that plan, caused the county health unit and the State health unit to dis-

approve of it, and that in turn caused the United States Public Health Service to be unable to go ahead effectively with the plan?

Dr. DAVIS. Yes, sir.

Senator PEPPER. So that there was a case where a private group, because they privately disapproved of this health plan, throttled the public agencies which were trying to put public health facilities at the disposal of people who otherwise would not have them?

Dr. DAVIS. Yes. The present system, I believe, is basically wrong at the initial point where action should take place, namely, the decision as to the local needs being dependent upon a group which inevitably has a double interest in view. In other words, it seems to me that any basic corrective requires the introduction of a joint body representing the public interests concerned, as well as the private professional group at both the local and national levels, in determining this matter.

If we come to the question not of the procurement of doctors, but of the assignment of doctors to meet civilian needs, I should like to say something on that subject. We had this morning an example of one type of procedure which would be appropriate to an industrial area with greatly increased population, in which a single large industry was dominant. There it is possible to do what Mr. Kaiser is attempting to do, namely, employ physicians on salary, utilizing existing hospitals, or building new ones, and set up a clinic with a staff of salaried doctors to carry on the care of illness caused by industry or caused by general reasons, for the workers and perhaps for their families. That scheme is one pattern under which doctors can be assigned, and it is nongovernmental in pattern in the local situation, but it will require some authoritative governmental agencies or agency in there to engineer that pattern, because industry, by and large, and the organized workers in industry—and I mean large war industries in isolated areas—will have to have some help in most cases in order to get the doctors and get their plants organized as quickly as possible.

Senator PEPPER. Dr. Davis, I had a questionnaire which came to me recently, and I did not have a chance to answer it until yesterday. It evidently was a uniform questionnaire that is being sent out from the medical officers or certain doctors in my State. Down at the bottom it said something about "The candidate for Congress will sign here." Evidently it was a questionnaire that was intended to be submitted to all candidates for Congress, and perhaps it was also intended to be addressed to all Members of Congress sitting at the present time also. This questionnaire had a number of questions proposed, and one of them was, "Do you favor the medical profession being subject to the antitrust laws, as has been held by the courts?" And, "Do you favor restricting the choice of the patient in the selection of the doctor?" and the like. One of the questions asked was, "Are you willing to leave to the doctors of the country the provision of facilities and plans and arrangements to meet public health needs?" In all of those other cases, I was able to answer the questions in a way that apparently would be agreeable to the questioner, except in that respect, and I was forced to say, "No, not to the exclusion of the public agencies, the State and local government and the National Government, and other agencies that have a direct relation-

ship to the problem." Now, do you believe that we can afford to leave to the lawyers entirely the question of what kind of laws we are going to have, and to the doctors entirely the question of what kind of medical and health facilities we are going to have, without the people having anything to say at all about it?

Dr. DAVIS. I believe in something that I think Abraham Lincoln said, that no man is wise enough to tell another man what he must or must not do, without that man's consent, and I don't think physicians are wise enough to decide public questions without public participation.

Senator PEPPER. It is a matter about which all of us should collaborate, is it not?

Dr. DAVIS. Yes, sir.

Senator PEPPER. The National Government, the State government, the local health agencies, the doctors, and all the other agencies that are concerned about the vital question of public health.

Dr. DAVIS. I should like to add something on the point that I was making a moment ago. It was mentioned this morning that the American Medical Association is in favor of and has approved the principle of prepayment plans. That is true. I have read about their approval, but that approval is conditioned in certain ways that are rather important. It is conditioned by the requirement that the plans must comply with certain broad principles which have been approved by the house of delegates of the American Medical Association for prepayment plans, principles that were laid down some time ago, and actually since those principles were laid down the various local and State medical societies and the American Medical Association at least indirectly have been involved in action against a number of prepayment plans, so that unless the prepayment plans comply with certain requirements, they actually are not approved by the American Medical Association, and the particular type of prepayment plan that, so far as I know, has not been approved in any instance by a State or local medical society is the type of prepayment plan which encourages a group of salaried physicians working as an organization, or staff of a hospital, or a clinic, and working and carrying on on the basis of group practice, with the support and voluntary contributions of the workers and their families, if it be located in a strictly industrial area and organized to serve them.

In other words, there are only certain types of prepayment plans that are acceptable to the American Medical Association, and attempts have been made in many places, of which the situation in Washington in the District of Columbia was only one example, to prevent such plans. There is no indication that the American Medical Association or its State and local societies will accept the type of plan which, for instance, Mr. Kaiser has suggested, because there is good evidence, in my opinion, to show that in a time when the utmost possible must be done to make the maximum use of the doctors that we have got, and where you have a concentrated population you can get the most out of your doctors if you organize their time and not leave them to compete with another on the usual private practice basis.

I am not in favor of the Federal system of medicine, but I think that during a war period, and with a limited number of physicians,

I think the Federal Government is the only body that can exercise the necessary authority and exercise the necessary influence over the State and local bodies of all kinds to make the maximum use of the limited number of doctors that we have, even as compared with peace times, after we have furnished the Army even on a reduced ratio.

Senator PEPPER. In other words, during this emergency, such a so-called group health plan, where its membership is based upon voluntary cooperation, may be the only way that we can make the most efficient use of the medical services that we have?

Dr. DAVIS. Yes, sir. And I also want to add that there are some local circumstances where such plans are not practicable. For example, in the State of California, the California Medical Society is practically the sponsor and the responsible body for the California Physicians Services, which sponsors a prepayment plan, but the prepayment plan is based on the so-called "free choice" or private practice principle in which those in the area have a free choice. Such a plan is all right in peace times if the rates are low enough. It has not done very well in California so far, but there are circumstances in which such a plan may make out pretty well. There have been examples in peace times of such a plan working out very well in a place like, to mention one, Binghamton, N. Y., where a person may call upon any physician in the community; and there it has worked out pretty well. On the other hand, you have another type of situation—you have rural areas where the number of doctors has been few to start with, and has been greatly cut down and where it is absolutely necessary to introduce a doctor in the community, like in Valparaiso, Fla. That was only accomplished after a council of the State medical society gave its approval, and only then was the State medical officer ready to send his formal statement to the Public Health Service, on the basis of which it was possible for the Service to act.

Just a further word regarding the Federal agency that must do this job. Assuming that there is some over-all national body which will include both public and professional representatives in determining policy, and assuming that the local need for doctors is also determined, not by a wholly medical group but by a similarly mixed group, I think it would be possible to expect an organization like the United States Public Health Service to be effective as the agent of the United States Government for carrying through a program of assigning doctors and of organizing local facilities which will make those doctors' time most effective.

Dr. WEBER. It does not have that authority at the present time?

Dr. DAVIS. It can only act now on the basis of requests coming from the State. It can only spend money then. I believe that in the period during which we are at war, the President can declare any area an area of urgent need, and in those areas so declared, in health matters the Public Health Service would then have the right to send commissioned health officers into the area, irrespective of State license laws, to carry out any medical services in the area. Obviously, that is a power which would be exercised with caution. In that way they are aiding the local bodies. They could decide with the proper local people

what hospitals should be built there, if more are needed, and how the doctors' work should be correlated with the hospitals, and so forth.

If we just send doctors around or assign them, I should like very much to know just how these certain number of doctors which were referred to this morning as having very recently been assigned by the Procurement and Assignment, as to how they have been assigned and to what duties, and how they are supposed to work, because it is absolutely essential, as I brought out before, that their time shall be used to the utmost, and that is a problem of organization and not merely of ticketing certain doctors and saying to them, "You go there and start practice." These men are mostly, in the nature of things, going to be men who have already acquired a practice. If they leave that practice, they are leaving everything they have worked for, for the duration at least, and they may never be able to come back to it. Obviously, the Government, which asks them to leave, directly or indirectly, must give them something, must pay their moving expenses, must give them a guaranty for the duration, unless they make an arrangement with industry, like Mr. Kaiser told us about.

In other words, there is a problem required to meet our civilian needs. It requires organizing ability in which not only the doctors themselves are involved, but hospitals, industries, local groups in rural areas, the unions if it is a large industrial area in which unions are important, as most of them will be now. So that all of these bodies must be drawn in, and we must have a national agency which can furnish some personnel to help the localities to organize.

But, again, all these studies come after the basic decision as to what the needs are and what the general policies are and have been made by a group in which the public as well as the profession is represented from the start of the whole thing.

I have great confidence and I would like to be on record as making clear that I have great confidence in the United States Public Health Service. I believe that the United States Public Health Service, like every other group composed mainly, as it is, of medical officers, cannot easily work under the severe pressures to which it is subjected from the organized profession, local, State, and national, unless it is protected against those pressures by being responsible to a mixed policy determination body in which public lay groups as well as medical men are jointly members. Thus protected, I believe that the United States Public Health Service would be an effective body. Of course, I also believe that the organized medical profession has a proper and necessary relation to any such procedure as we are talking about, in an advisory way; but I believe that the experience of many types, and especially experience with the Procurement and Assignment shows that in making the basic decisions and as an administrative body carrying out decisions we cannot place reliance upon a wholly or primarily professional group.

I would like to say another word or two on the further question of assignment. There is a question of finances that is involved that may be rather important. How many million dollars is there going to be necessary for the Federal Government to spend to place into civilian areas doctors that will meet their needs, assuming that there is some kind of an over-all body that will determine the policy? I doubt if it is possible to make an estimate of that now that can be

reliable, because only after that has been canvassed in terms of the situation in each area, can that be determined.

We will have at least the following types of situations, first areas to which the Federal Government must send a commissioned Federal officer on salary and in uniform, who will carry on the care, preventive and curative, of the population in that area, either alone, if he is the only man there, or in cooperation with the other doctors that may be there. That will be wholly a Federal charge.

Dr. WEBER. And you think the number of such areas would be small?

Dr. DAVIS. Relatively so in comparison with the other types. There will be areas in which you have a large dominating industry, such as Kaiser, for instance, in which the management of the industry and the workers would be able and desirous of meeting all of the operating expenses, and in which, if hospital facilities were necessary, Federal aid as is now possible technically under the Lanham Act would be available for building of the hospital if the material situation can be straightened out, but in which primarily the responsibility of the Federal Government would be to aid in the determination of the amount of need and the number of doctors, and in helping in an advisory way the unions and the management in organizing their scheme if they needed such aid and in furnishing them with lists of doctors, if they were necessary, from a national pool, drawn primarily from the States that now have more doctors than their quotas provide for.

Another type is a mixed type in which a community needing more doctors but with diffused industries and with no outstanding or dominating ones and where it is possible that a number of doctors will go in there on a private basis to supplement the existing doctors, but in which the Federal Government will have to meet certain expenses of moving the doctors and their families and of providing an initial guaranty and some funds so that they can set up their offices, and so forth, and possibly providing them with a certain guaranteed income while they are making their start in the new community.

I think it would be very difficult to judge as to just what the relative proportions of those different demands would be until we have made a statistical analysis of this situation. We have some of those, but meanwhile, action need not wait until such further academic studies.

Dr. WEBER. Does that complete your statement?

Dr. DAVIS. Yes, sir, unless you have some questions.

Dr. LAMB. I think I would like to follow up this question of the Public Health Service. Is it not your impression that the Public Health Service has been bypassed in recruiting of doctors by the Army and the Navy?

Dr. DAVIS. I don't know quite what you mean by "bypassing" the Public Health Service. I think the general attitude of everyone has necessarily been that the Army needs come first. Nobody wants to oppose the Army, or no individual wants to be in the position of saying that he doesn't want to go into the national military service.

Dr. LAMB. I am sorry that I did not make the question clear. Why was the Procurement and Assignment set up separate and outside of the United States Public Health Service? Do you feel that

the United States Public Health Service was competent to recruit personnel for the Army and the Navy?

Dr. DAVIS. I feel that it would have been far better for us nationally, and we should be very much further along today if the Public Health Service had been given the necessary authority, and of course some funds, a year ago—more than a year ago—when we first began to see this situation, and if a body representing both the public and the professions as its advisory and policy-determining group were organized so that the Procurement and Assignment Service would never have been called into existence in its present form, but in which a joint group of public and professionals would have been in a position to control the policy, with the Public Health Service as the administrative agency doing the actual job in the field.

Dr. LAMB. You mean to say that if the United States Public Health Service had been designated originally to carry out the function of obtaining the medical personnel for the Army and the Navy, the public interest, that is, the medical interests of the civilian population, would doubtless have come to the fore much more quickly?

Dr. DAVIS. Very much so, provided the Public Health Service, which is itself necessarily much subject to the same pressures from organized medicine that other medical groups are, had been protected against those pressures by the organization of this policy-determining body composed of both medical and lay representatives.

Dr. LAMB. In other words, if the job of recruiting had been placed in the hands of the United States Public Health Service, this advisory lay body would have immediately begun to exercise some influence on those policies?

Dr. DAVIS. I think so, without question, because they would have been in a position to judge the facts from the point of view of the country as a whole.

Dr. LAMB. Who first proposed the establishment of the Procurement and Assignment Service?

Dr. DAVIS. I believe it is on record that the American Medical Association suggested the idea, and that that was taken up finally by the Government and put through just a little over a year ago.

Dr. LAMB. Your main point is that medical personnel, being a short item today, and one of which the supply cannot be expanded quickly, would face thorough-going change in the way in which medical services have been distributed? For example, in South Carolina—South Carolina has been mentioned very frequently here—there we have a State in which we have 1 doctor, let us say, to 6,000 persons. In New York we have 1 to 1,000; there is a possibility that some system of distributing medical personnel for the civilian population has to be worked out, but there is not yet on paper any such method for distributing that personnel. That is what you have addressed to primarily?

Dr. DAVIS. Primarily; yes. And to point out that the body which must determine that method and those policies must be a group in which the public is represented by various groups as well as the medical profession.

Dr. WEBER. What you are saying is that the United States Public Health Service is the most competent to undertake the administration of any change in the distribution of medical personnel or services that may be necessary?

Dr. DAVIS. Yes, sir; I believe that is so. I think if you were to set up a new body, you would practically have to duplicate not only the Federal organization, but the local organization in the Public Health Service.

Dr. WEBER. Do you fear that the same interests that preferred to set up the Procurement and Assignment Service separate from the United States Public Health Service, will likewise prefer that the United States Public Health Service not be the body to administer a new method of distributing medical personnel and facilities?

Dr. DAVIS. No; not necessarily, and I would like to make myself clear on this point.

In the first place, I do not want to have it inferred that I regard the American Medical Association or the Procurement and Assignment Service as actuated by any sinister motives whatsoever. I have known physicians too long, and I have known too many men in the American Medical Association councils who are public-spirited men of the highest type of individuals. I see no sinister motive. I see short-sightedness and specialized points of view which do not take into account the other interests of the public that should be represented.

As to the Public Health Service, I think that I would not be able to say that you could get any other body any better than the United States Public Health Service. Certainly, we could not set up any other body at short notice that would be nearly as effective.

I believe that the interests that are behind the—I feel that the Procurement and Assignment Service would be delighted to be able to use the United States Public Health Service as its field agent for carrying out the policies which it desires, and that under the great pressure of public opinion, which I am quite sure is being created by the hearings of Senator Pepper's committee which are now being conducted, I am sure that there will be a great activation of methods on the part of the Procurement and Assignment if it continues to exist, but I think that the method which they would most prefer would be that the United States Health Service should be in terms of policy wholly subordinated to the Procurement and Assignment Service, that is that the policy-determining body, shall be the Procurement and Assignment Service, and the Public Health Service shall be an agent or a tool of that body in carrying out the policies.

I also feel that such a scheme will not be very effective, for the simple reason that I do not believe that a group specialized as that has shown anything like the type of imagination or administrative experience which would be likely to make it effective.

We have wasted a great deal of time already and time is very precious, and action should be taken pretty soon.

Dr. WEBER. Coming back to your point—as I understand it, you said that the personnel of the United States Public Health Service and the advisory lay personnel to that agency make it less amenable to the viewpoint of organized medicine than the Procurement and Assignment, is that right?

Dr. DAVIS. Yes, sir.

Dr. WEBER. And for that reason, you feel that the United States Public Health Service will not obtain the support from the medical profession as a whole that you would give it, for instance?

Dr. DAVIS. I am not sure about that. I am inclined to think that you can count upon two things from the medical profession—you can count upon their patriotism first. The individual position is relatively idealistic and certainly a patriotic man who, if he knows clearly what the Nation wants, will do it. The trouble is he has not been informed about these matters by the chief source of information, the Journal of the American Medical Association.

If a major national body through this committee works out a policy and makes that clear to the whole people and to the profession, I think you will have a very large amount of cooperation from the profession, which will spring even the American Medical Association largely into line, if you set up an effective machinery in which the medical profession is representing, but not in control.

Dr. WEBER. You mean to say that the response of the medical profession and personnel in the country to national policy depends upon the type of information that it obtains in regard to what the existing situation happens to be, and you are saying that the organs of the medical profession at this time have not provided a genuine picture of what is happening?

Dr. DAVIS. Yes; I think that is true. I think the medical profession shares with every intelligent man the conviction that they will be guided by the facts, if they have them, but they have not had them.

I would like to put into the record something which will take me about a minute to read. It illustrates that there are local groups of doctors who are very keen on this subject, because they are faced with local needs.

Here is one illustration of what a local area could do with some Government aid, as proposed in an editorial in the official journal of the Mississippi State Medical Society. It says:

The doctor shortage in this country is growing more acute in our State and in the South each day * * * Practitioners must use all their energy in treating the sick instead of dividing their time with personal interests * * *. The small town might have a medical center furnished by the town and the county, consisting of a hospital and a medical arts building large enough to accommodate every doctor, dentist, pharmacist, and the public health department. The hospital would function best if operated in the interest of all the people alike, with the doctors treated on the same footing * * *. Office building self-supported from rent * * * such a set-up a real center for treating the sick and educating the public—center to be supplied with bus service for transporting sick to and from hospitals (Mississippi Doctor, September 1942, v. 20, 181).

If you sit down with a group of local doctors who have a local situation where the needs are pretty obvious, once they are drawn to their attention, and with men who are really up against the local facts, you are going to be impressed by the fact that they are going to be like any other group of patriotic men who will work out the problem, just as this editorial says, that here was a group of doctors who was trying to work out how the job could be done, and every doctor did the maximum for the local public which they are there to serve.

I merely bring that out because you would get a very large amount of cooperation from the doctors all over the country as individuals and as groups, once the situation is clear to those doctors and the over-all national policy is made a matter of patriotic duty.

Dr. WEBER. Thank you very much, Dr. Davis.

We have two farmers from the grass roots of Ohio, and I will ask Mr. Howell and Mr. Hodson to come forward and give their names and their addresses and occupation to the reporter.

STATEMENT OF M. L. HOWELL, TIFFIN, OHIO, AGRICULTURAL EXTENSION AGENT

Mr. HOWELL. My Name is M. L. Howell, and my address is Tiffin, Seneca County, Ohio. I am agricultural extension agent.

Dr. WEBER. Would you give us a little bit of your experience so that the record can show your competence in speaking on this subject?

Mr. HOWELL. I have been a farmer in my own right in Seneca County, Ohio. I am extension agent in Tiffin, Ohio, for the last 10 years. I am a member of the Seneca County United States Department of Agriculture War Board. I have been in close contact with the farmers of that county for 10 years.

I have been counsel to the Selective Service Board Nos. 1 and 2 of Seneca County since the induction began, and I have made a close study of the farm labor disappearance in Seneca County during this time. I have also made a study of farm labor disappearance in other localities within the State.

Dr. WEBER. Proceed with your statement, whatever you wish to say about the subject.

Mr. HOWELL. I would like to say in the first place two things, if I can be given the time, and one of them is to discuss the question of the disappearance of farm labor. In Seneca County, which is a county of 327 farms, the average size of the farm is 112 acres, and during the past 2 years there has been a significant disappearance of farm labor from the farms. Out of every three men that have disappeared about one has gone into the armed forces and two have gone into the industries.

The point that I am making is that in Seneca County we have arrived at the place where labor disappearance is about to bring agriculture as a whole, using our county as an example, to the hunger point.

Dr. WEBER. Would you locate Seneca County in Ohio for us and say what cities it is closest to and what crops it grows?

Mr. HOWELL. Seneca County is in the northern part of the State. Tiffin is the county seat. Eighty miles out of Cleveland southwest. Sixty miles out of Toledo in a southeasterly direction. We grow there about 65,000 acres of corn, about 58,000 acres of wheat, about 35,000 acres of oats, about 60,000 acres of grass, and about 40,000 or 45,000 acres of soybeans.

We deliver for kill about 80,000 head of hogs a year. We milk 17,000 cows. We have a sheep population of about 60,000.

That is about the general trend.

Dr. WEBER. How many people live in that county?

Mr. HOWELL. We have a shade under 50,000. Tiffin is the largest little town with 17,000 people. The farm population is about 14,600 to 15,000 people living outside the small villages. There are about five or six villages. Fostoria has a population of around 8,000.

Dr. WEBER. After listening to those figures, you would think you were from Texas, and not deep from the heart of Ohio. But go ahead.

Mr. HOWELL. I have been in close touch with both the Selective Service boards, and they have done the best job that they can. Our contention is that the Department of Agriculture should adopt a Nation-wide farm labor stabilization policy. The farm labor in all the farm areas should be retained on the condition that the laborer on the farm, whether he be an operator, tenant farmer, or hired man, or a member of the farmer's family, that laborer should be encouraged to stay there by these methods: First, there should be set up in the county by the United States Department of Agriculture War Board, a Farm Labor Committee. This Farm Labor Committee should have bench marks on the county down to the last man and the exact situation in the county, and the Department of Agriculture in collaboration without a doubt with the Selective Service System, could say with regard to farm labor that is necessary and that cannot be replaced on the farm and working on such a farm as that where the farm is what I call a defense unit, that is producing an adequate amount of milk, butter, cheese, and meat and furnishing vegetables and fruit in sufficient amount to be significant, that farm labor should appear before the Farm Labor Board Stabilization Committee there, and that committee should prepare a picture of the crop pattern, the normal units on the farm, the relationship of that farm to the War effort, and that this man would not be eligible to Selective Service or to volunteer enlistment in any branch of the armed forces, or to employment in any branch of industry until after he had been before this board, this board had decided that even though he were essential, he could be replaced without injury to the farm labor supply of that territory.

This same board then, to avoid freezing labor to his job, which probably would be disastrous now, should adjudicate between the farm operator and this laborer as to the wages that this farm laborer should receive.

The reason for that is that the selective boards have done a good job, but they are incompetent by experience and training and background to properly evaluate the cropping pattern in relation to the availability of that farm labor to military service.

Dr. WEBER. In other words, you feel that the Selective Service board is doing everything that it can do, but its personnel is not competent to pass upon the need for farm labor in relation to the demand for farm labor in that area?

Mr. HOWELL. That is right, and for this reason, that the Selective Service boards are handed a quota. They are asked to deliver to the armed forces, say 300 men in December. Our disappearance from the farms is severe now.

Dr. WEBER. In other words, they have to first of all fill their quota.

Mr. HOWELL. That is right.

Dr. WEBER. They feel that their first responsibility is to the Army?

Mr. HOWELL. That is right.

Dr. WEBER. And they are unable to classify these people in regard to whether or not they are essential?

Mr. HOWELL. That is right.

Dr. WEBER. For lack of technical knowledge?

Mr. HOWELL. Yes, sir. And for lack of experience in that particular field. Whereas, if the Department of Agriculture would set up a labor-stabilization policy, clothe the United States Department of Agriculture with an authority or directive to appoint a committee of five or six good farmers there, then those men are acquainted with the situation and they can properly evaluate the need of that.

Dr. WEBER. What is your opinion of Senator Tydings' amendment to the bill drafting 18- and 19-year-old young people? That amendment calls for blanket deferment of farm labor where the Selective Service judges the farm to be essential to the food-for-victory program? Do you think that that is a workable mechanism?

Mr. HOWELL. Have you got the headlines of Senator Tydings' amendment there?

Dr. WEBER. No; I have not.

Mr. HOWELL. I have read it recently, I think. It was here for discussion yesterday, wasn't it?

Dr. WEBER. Yes.

Mr. HOWELL. Senator Tydings' amendment is well intentioned, but it misses the point, for this reason: We have taken the stand in Seneca County that residence on the farm should not be used as a method of draft evasion.

Dr. WEBER. In other words, you are in favor of technically qualified boards—

Mr. HOWELL (interposing). Blanketing has this disadvantage. It sets aside a special class, and there is no special class, in my judgment, in our whole set-up that is entitled to a blanket exception.

The next thing in connection with Senator Tydings' proposal is that it misses the point for the reason that the present regulations entitle the Selective Service Board to grant an occupational deferment for a period of 6 months and, insofar as they want to, they stick to General Hershey's instruction, and they are in the position where they can perpetually defer this man for the duration, but when they give a man one or two deferments, other people around who are coming around for the first deferment say, "Well, you have deferred my neighbor's son here three times now; surely you must defer my boy."

Therefore I don't think that you could safely put this matter into a general blanket order. Certain boys must still go to the armed forces from the farm, but when a boy or a man is inducted in the armed forces, the consequence of which is to destroy the productive efficiency of that farm unit, the Nation as a whole suffers.

Dr. WEBER. What do you think, Mr. Howell, of Mr. McNutt's recent order for deferment of workers in dairying or poultry?

Mr. HOWELL. It is intended in the right direction but it misses the point. It does not provide for any community group who are by experience and by information qualified to sift out from the farm residents that class of men that could be spared from the farm and to return to the farm that class of men that cannot be spared. For this reason, I believe it leaves the selection of farm labor to the Selective Service Board, which is open to two bad things. I said in the beginning, I am closely in touch with both service boards in our county and they are doing the best job they possibly can, but they are not properly qualified to properly evaluate the need of a specific man

on a specific farm in terms of the output of that farm toward the war effort.

Second, they get one deferment, and it leaves the boy or the man on the farm unstable and uncertain. He doesn't know whether he is going to get the deferment the next time or not. We sent a lot of men away leaving the hogs to be fed, and the soybeans in the field, and the fruit in the orchard; all that sort of thing. I know a woman who is carrying the corn out of the field herself, milking 10 cows, feeding a bunch of fattening hogs, and she is doing the work for 150 chickens. She has one daughter about 16 years old who is in high school. Her husband is at home sick in bed. Then I had to persuade the selective-service board to tie to them a neighbor boy who is being inducted into the Army forces now to take up that job over there. If we had the machinery set up which I am discussing, that boy could be transferred to this farm, and it would wipe out the uncertainty.

Dr. WEBER. But there is today no mechanism for deferring farm workers on an occupational basis—transferring them from one farm to another, even one that is next door to the other.

Mr. HOWELL. No; there is not. So far as the personnel is concerned, it does not make any particular concern, but where there are two adjoining farms, it is just as essential to the war effort that both of those farms be kept up as either one. In neither case should there be an excuse for induction evasion.

Senator PIPPER. And the occupational deferment board would have to have some real power, would it not, to keep a man who is ordered by them, by that board, to remain at home, from being criticized by his neighbors for maybe being a slacker?

Mr. HOWELL. I think that an authority or directive created by the United States Congress in which agriculture would be declared an essential war effort would do that, and then the United States Congress should clothe that occupational board with authority to locate that man there, and before he could move out of that job he should then appear before this board and show reasons and cause. They should be authorized to relieve him from his job with the understanding that when he leaves that job he is immediately up before the selective-service board for induction into the armed forces.

Dr. LAMB. You would have these deferments based upon a county-wide program?

Mr. HOWELL. I live in a county, and my whole thinking is, to a certain extent, in terms of the county, and while I relate it to other counties, I believe that the county unit would be the best basis, because five good farmers in the county can exactly evaluate the farm situations of all of the farms in the county where data is available, and it is available in all of the counties. Therefore, they might not know what to do across the county line, but they would know it within the county line. I would say that if the United States Department of Agriculture War Board, which is a board qualified to select such people, would appoint five good farmers, then these five farmers would be conversant with the agricultural situation and they would know the value of a man on a specific farm, and I would confine it to a county board the same as we did other committees.

Dr. WEBER. What do you think of Mr. McNutt's recent directive regarding cows, 12 cows to a herd? Have you made any observation of that?

Mr. HOWELL. I think that is a practical situation. I made a study yesterday in Cleveland. In August of this year there were 30 percent more milk cows went to slaughter in 1942 than there were in August 1941. In the month of September, just now, there were 30 percent more cows went to slaughter than there were a year ago, which means that the cow population is disappearing, because old men and women and children cannot handle the milking of any number of cows efficiently. A 12-cow unit under the hands of a skillful man will average to the market from 10,000 to 12,000—or from 7,500 to 12,000 pounds per cow. The same unit cared for by ordinary labor will deliver to market from 4,000 to 5,000 or 6,000 pounds. I think that about such a 12-cow unit when it is augmented with the hog unit that Governor McNutt mentioned and the chicken unit that he mentioned—I think that is a fair basis. I think that a farm is going to make a contribution to the national defense if it makes a contribution like that.

Dr. WEBER. How about farms with less than 12 cows? What proportion of the cow population would you say was from such farms?

Mr. HOWELL. We do not have a lot of big dairies. The milk of the United States is produced by the little farmer and not by the big dairy. We have a good many 8- or 9- or 10- or 11- or 12- and 16-cow herds in our country. I will make a rough guess that 60 percent of the milk in Seneca County is produced by herds of 12 cows and upward.

Dr. WEBER. Then if you removed the men from the farms with herds of 12 cows and down, you would have 40 percent in that category?

Mr. HOWELL. There may be a 5- or 6-cow herd with a 9- or 10- or 11-brood-sow growth, and there you would get over a hundred head of hogs. You will find any line of cases where you will have a multiple set of units under Mr. McNutt's proposition which makes the farm an essential war effort farm even though they have less than 12 cows on the farm.

Dr. WEBER. Mr. McNutt's order, is that already operative? Have the local service boards given any attention to it whatsoever in Ohio?

Mr. HOWELL. I am pretty close to both the service boards, and I suppose this is on the record. I talked with the Selective Service boards, and they told me that they cannot operate that order because they have no way of knowing excepting what information the War Board affords to individuals. They tell me then that it is impossible to a certain extent, because they have to fill the quota and they have not got a leg to stand on. In discussing this with Selective Service Board No. 2 the day before yesterday he said:

Here is a farm on one side of the road, and we have taken his boy; and here is a farm on the other side of the road, and his boy is up for draft and coming in the 18- to 20-year-old draft. We have not got a leg to stand on. We have already inducted this one boy and we cannot defer the other.

Dr. WEBER. And both the same type of farm?

Mr. HOWELL. Yes, sir.

Dr. WEBER. And they cannot call back the boy they have already inducted?

Mr. HOWELL. That is so.

Dr. WEBER. And they do not feel that they can stand up under the community pressure if they defer the other boy?

Mr. HOWELL. If Congress would authorize the appointment of a civil committee to size up the situation—we cannot get the labor back, but unless we stop the disappearance of labor, then we are cutting the farm production to the hunger point, and then a drastic rationing program is just ahead, and that will destroy labor and all of its relationships, because every man in industry is going on a shorter ration, and his wife and his children too, and it seems to me that the emergency is sufficiently keen so that the necessary and essential man and the man that cannot be replaced and the man making a contribution to food production must be kept there on the farm.

Dr. WEBER. Your view is, from your own personal knowledge, you know that in Seneca County from boards No. 1 and No. 2, Mr. McNutt's order is not being carried out, and it cannot be carried out for the same reason that the occupational deferment classifications that are sent down the line to the local boards from industry cannot be carried out?

Mr. HOWELL. That is right. I have data with me that show not alone Seneca County but other counties where the disappearance has been just as severe.

Dr. WEBER. Would you say that the local service or the set-up as it now exists cannot carry out a blanket deferment order?

Mr. HOWELL. I am sure of that.

Dr. WEBER. And they cannot carry out a selective order in the terms of occupational deferment?

Mr. HOWELL. I don't think so, without a civilian committee.

Dr. WEBER. So that you won't get the local selective service as it is now set up, relieving this situation?

Mr. HOWELL. I don't think you will.

Dr. WEBER. Do you know of any farmers that have left their farms to go into industry and attempted to get hired workers to run their farms?

Mr. HOWELL. Yes. There are lots of instances of that kind. I could not just name John Brown and Jim Jones, but I can tell you many men by name and describe their crop pattern and where all of their help has left them for industry because they are afraid of future induction.

Dr. WEBER. Do you know of any cases in which farm owners have left the farm to take jobs in industry and attempted to get men to run their farms for them?

Mr. HOWELL. Yes, sir; I know one fellow by name of Lou—I don't call his last name to mind right now, but I can tell you his name in a minute—he has about 700 acres of land, and he originally farmed it. He is in the sales business and attempted to hire help, and he told me a couple of weeks ago that his help has disappeared to the extent that now he has got to go down to the ranges and try to get a man to put in charge.

Dr. WEBER. It seems possible to overcome a certain proportion of the farm labor shortage by a more complete use of existing farm machinery, that is, to keep it in constant use. Have there been any neighborhood pools of farm machinery in Seneca County or in the other counties in Ohio that you know of?

Mr. HOWELL. In Seneca County specifically, there are a great many neighbors that have bought a combine together, they have bought a tractor together, they have bought a corn shredder and a corn picker, and a pick-up baler, that way. In Seneca County there is quite a custom trade, that is, in which a man buys a combine and drives around and does custom work for his neighbors, but there is this labor disappearance, and even though—

Dr. WEBER (interposing). But there is no spark-plugging of this idea by the United States Department of Agriculture War Board?

Mr. HOWELL. To some extent it is. There was an understanding that they would try to reach farmers and urge them to spread the use of their machinery jointly. There has been cooperation between machinery dealers and machinery operators to try to spread the machinery out over the territory as far as possible.

Dr. WEBER. Not only are they supposed to ration it, but they are to encourage the full utilization of existing machinery.

Mr. HOWELL. Yes, sir.

Dr. WEBER. But there are no plans on a State scale in Ohio to take machinery from the northern end of the State, let us say, and then move to the southern end, and thus move with the crop?

Mr. HOWELL. No; there is no such thing to my knowledge.

Dr. WEBER. Has there been any organization, or the use of school children, particularly in the high schools, for harvesting?

Mr. HOWELL. We have had quite a little experience in that respect, not only from school children, but Mexican labor.

Dr. WEBER. You grow some sugar beets there?

Mr. HOWELL. About 3,000 acres of sugar, and we grow quite a few tomatoes and that sort of thing.

Dr. WEBER. You get that Mexican labor out of Michigan after it has come up from Texas?

Mr. HOWELL. They bring the labor up there, and the farmers house the labor on their farms, and so forth.

Dr. WEBER. How much labor comes up?

Mr. HOWELL. About 1,000 units in our immediate area.

Dr. WEBER. Did you get that this year?

Mr. HOWELL. Yes, sir.

Dr. WEBER. The same amount as before?

Mr. HOWELL. Yes, sir; the same amount as before.

Dr. WEBER. At the same pay rate?

Mr. HOWELL. We increased the rates all along the line.

Dr. WEBER. How much?

Mr. HOWELL. The Department of Agriculture had a labor hearing out there, and they agreed upon a stipulated rate for all of the sugar-beet area. In several specific industries in my county, and in Sandusky, the packing industry, Heinz, got short of help, and myself and another gentleman went to the schools and talked to the school people and we had good cooperation. We telephoned to Mr. Bricker, the Governor, and he helped quite a bit in urging that cooperatives be done, and we had 20 to 50 children and the like of that through the coordinated efforts of the registration of labor and—

Dr. WEBER (interposing). You would truck them out to a farm?

Mr. HOWELL. Yes; and they were taken to the orchard or whatever it might be, or they were hauled out to the tomato patch.

Dr. WEBER. What pay scale did they get?

Mr. HOWELL. I don't know what the scale was, but they made the pay satisfactory. Then, women volunteered in the towns, preachers' wives, doctors' wives, and laborers, and those volunteered into a detail, and the detail was taken into the plant to peel tomatoes.

Dr. WEBER. In Seneca County, you had what the President calls an all-out community effort to get the crops in.

Mr. HOWELL. We will have to have much more next year. But emergency labor is one situation, and we could meet that to quite an extent, but take the year-around farm situation, that is the toughest problem we have.

Dr. WEBER. Harvesting labor you can get by with these emergency measures, but the skilled all-around-the-year farm labor is your problem?

Mr. HOWELL. Yes, sir.

Dr. WEBER. That is the reason why the selective service is so important in facing up to a farm labor shortage, because this is the man that the selective service particularly is taking from the farm—that is the all-year-round farm laborer?

Mr. HOWELL. Yes, sir.

Dr. WEBER. It is not taking the women or the doctors' wives?

Mr. HOWELL. Yes, sir; it is not.

Dr. WEBER. And it is not taking school children, and it is not taking labor that you can utilize on an emergency basis for harvesting?

Mr. HOWELL. That is right.

Dr. WEBER. It is the all-year-round skilled farm labor that they are taking?

Mr. HOWELL. Yes.

Dr. WEBER. And that is the reason why selective occupational deferment is so important?

Mr. HOWELL. That is right.

Dr. WEBER. How have farm wages changed in the past year in Seneca County?

Mr. HOWELL. Well, we began with a general level of \$40 to \$50, going back to the depression, which I guess everybody has forgotten by now. But then you hired first-class farm labor for \$20 a month and board and room—that was during the depression. In 1937 and 1938 we came to \$40 and \$45.

Dr. WEBER. How about at the present time?

Mr. HOWELL. \$50 or \$60 or \$70 or \$80 a month for farm hands. You just cannot let a man disappear even though you pay him more than the price of the products warrants. And board and room extra. One man got \$70 a month right across the table, and his room and his board and his washing of his clothes. He was deferred the first time, and there was no certainty whether he could be deferred again, so he went and enlisted. Well, this farmer was about 65 years of age, and his wife was the same age, and they handled 15 cows, 13 sows, 150 laying hens, besides the field crops. They start out at 5 o'clock in the morning and they go to bed at 10 o'clock at night. And I could multiply that instance many times.

Dr. WEBER. It is the all-year-round skilled man on the farm that is going?

Mr. HOWELL. Yes.

Dr. WEBER. Therefore the crux of the thing is the selective service for the farm-labor shortage?

Mr. HOWELL. I think the whole manpower mobilization is to put in a systematized plan—I am speaking for agriculture, of course—so that there is a board out there of civilians set up that know the situation, and that labor mobilization and stabilization will be in their hands, and I believe we can save a good deal of labor on our farms.

Dr. WEBER. Yet me ask you this: You say that the farm wages have gone up. Do you find that the farmers in the county have competed against each other to pay increases to obtain labor?

Mr. HOWELL. I would have to say yes, to a certain extent. Here is a man without help, and his crop is at stake. He is standing to lose it all. There may be some competition, but not very much, because there is a certain ethics among farmers, and if a man has a farm hand and that man goes to some other neighbor to hire out, the neighbor won't hire him because he is working for someone else. That keeps it down to a certain extent.

Dr. WEBER. And there is a question of bad feeling that might continue for the next 30 years until they are both dead?

Mr. HOWELL. That's right. And you have to help each other.

Dr. WEBER. In other words, the farmers are pooling together to get their crops in where they can?

Mr. HOWELL. Yes, sir; there has been more changing this year, exchanging, than I have ever seen before. I have seen children of 14 working, the farmer's wife working, and the farmer himself—all three handling the whole outside by themselves. Oftentimes there will be two farms situated close together, and the menfolk will exchange, and in that way they can carry on the work where they could not do it otherwise. So that if one man hired another man's help, it would throw a wrench into the exchange of labor throughout the territory.

Dr. WEBER. You are proposing that farm labor and farm wages be established by agreement between the farm laborer and the farm employer after a hearing by this board set up by the United States Department of Agriculture?

Mr. HOWELL. I think this board ought to be clothed with authority to say, "Now, it looks to me like you have got to come up to a certain figure with this hired help," and I believe they must say to the hired man that he has to be satisfied with that figure. That committee could sit down between them and say, "Boys, you have got to work that out together," but I think that the board should be clothed with authority to say what it should be at the last analysis.

Dr. WEBER. Do you find that the crops advocated by the Department of Agriculture in its food-for-victory program are being raised in your county?

Mr. HOWELL. The general whole drive on the part of the rank and file of the farmers is toward eating crops and soybean crops. There is a fine cooperation. We made our goal in 1942. That is from 50 or 60 personal statements from farmers who have expanded their pro-

gram. I said, "How did you do it?" And they said, "By longer hours, working our women and children, and better feeding methods."

Dr. WEBER. Do they expect to raise those goals next year?

Mr. HOWELL. We have had one meeting with 300 people attending. We had a meeting of 750 farmers 3 or 4 nights ago. They say that if their help can be left at the present level, they will do the best they can. Many farmers say they will make the goal by working longer and harder and making use of the machinery they have. If they can get wire fence, they will try to make the goal, and I say that we will make the increase of 15 percent on top of what we have this year, but we cannot make it if the help disappears.

Dr. WEBER. How soon does the solution to this farm-labor question have to be developed?

Mr. HOWELL. If it is left until the planting season, we are ruined for next year.

Dr. WEBER. If this thing is permitted to drift until the spring of 1943, you are out of luck?

Mr. HOWELL. There is a milk intaker at Cleveland takes 26,000 pounds a day. One day last week his income for that day was 2,000 pounds less than the normal for that day. Why? Because the farmers had to sow their wheat for this fall. They had to cut their corn; cut it and shock it. We had to get the beets out. We had to get the combines going. We had to get the soybeans out. The farmers were between one thing and another, and in the absence of help, they had to get the field work done at a specific time, and therefore the cows had to be neglected and the milk flow curtailed in that territory.

Dr. WEBER. The one thing that you want to call attention to, and the thing you want to put all the emphasis on, is the occupation-deferment problem?

Mr. HOWELL. That is right. I am willing to stake my point on that.

Dr. WEBER. What proportion of this farm labor has gone into industry?

Mr. HOWELL. I am aware of the fact that for every man that went into the Army two men went into industry, but I don't see, without a general freezing order all across the board, that you are going to freeze any individual to that particular point, because if you do that, you have got to freeze labor at every point, and every profession, and every man to his job, and you cannot do that.

Dr. WEBER. The same principles which govern the mobilization of farm labor are going to govern the mobilization of industrial labor?

Mr. HOWELL. I think that is sensible.

Dr. WEBER. And you cannot do one without the other?

Mr. HOWELL. I don't believe so. Not in a great democracy like we have. So that all we can attack is the group that is going in that direction, and if we do that we will hold a lot of labor that is going into the draft that won't go into industry. Their statement is a statement that the people don't understand and the situation, they will question it. I say that although the draft situation is the one we are considering, there will not be as many people going into industry for this reason, that there are a lot of boys going into industry that never worked with a wrench or a mechanic's tools, but they are farm boys. They are inducted into the Army, but they will stay on the farm even though industry will pay them a larger wage.

Dr. WEBER. You mean that the son of a farmer would rather stay on the farm, which is his farm, and get himself \$75 or \$80 a month, rather than go to Pittsburgh and get \$200 a month and eat snudge all day, or coal dust, and face the probable unemployment, perhaps, when the war is over?

Mr. HOWELL. Yes.

Dr. WEBER. In other words, farm boys have enough sense to see that all is not so rosy by rushing into industry now?

Mr. HOWELL. Yes; they are rooted on the farm and they are showing long-headed, good sense in staying there.

Dr. WEBER. Do you wish to say something in addition to this very clear testimony by Mr. Howell, Mr. Hodson?

STATEMENT OF J. M. HODSON, PIONEER, OHIO

Mr. HODSON. Yes, sir. I am a farmer, too.

Dr. WEBER. Would you give a little bit of your experience so that the record can show your competence?

Mr. HODSON. Well, while I am a farmer, I have some contacts in the country in addition. I do not see, we do not always see eye to eye on everything, you know.

Dr. WEBER. Would you give your history as a farmer?

Mr. HODSON. I was born where I live today, and my father before me was raised there, and he is 97 years of age today.

Dr. WEBER. What do you grow on your place?

Mr. HODSON. I will say further in regard to myself that I have been on the board of trustees of the Ohio Farm Bureau and all of its affiliated organizations for the past 15 years.

Dr. WEBER. You know Mr. Murray Lincoln?

Mr. HODSON. I have known him for 25 years. My contacts necessarily are all over the State as well as in a good many other States in some respects. In those contacts, I don't need to repeat what Mr. Howell said as to the condition on the farm in regard to farm labor. I could cite you also my personal experience and many cases where the farm boy or farm help has been taken, in which their sales have been held down and the farm is already out of the livestock business. We don't know whether it will be out of production or not. In some cases it will.

Our local newspaper during this fall has carried anywhere from 7 to 8 and as high as 15 advertisements each week of farm sales or livestock sales. My own community is dairying and poultry, fundamentally. I am in Williams County in the northwest corner of the State, next to Indiana and Michigan. In that particular county, dairying and poultry are the largest industries, and dairying and poultry are the two things that are going to suffer the worst from the reduction in production next year. I am satisfied it will be borne out next year, and you will find that will be the case. I have been in the dairy industry myself in purebred cattle breeding business all my life, and I know these herds are being rapidly depleted. I have talked and had occasion as a trustee to talk with some of the factories, and nearly all of them are experiencing a reduction in milk supply now, and, of course, the fluid milk industry in the cities is getting severely curtailed in many cases and they are worrying very much as to what is going to happen.

As to the draft boards, I don't want to disagree with Mr. Howell and I am not disagreeing, but I have found that there is a great variation in the attitude of draft boards. In my own case, my county has two capable farmers on the draft board. They are selective service boards now—they used to be called draft boards, but you can call them either one. In our case they have done everything that they could within their power to take care of this farm situation. But they have not done one thing that I have said that if I were sitting on that board that I would do. I would supply all the available men without doing an absolute injustice to the community and the public at large, all that I could find without doing that, and then I would stop there rather than going ahead and filling my quota.

Dr. WEBER. You would just not fulfill the quota?

Mr. HODSON. I would not fulfill the quota if it was to do more injury than the benefit could possibly do.

Dr. WEBER. But the board does continue to fulfill its quota?

Mr. HODSON. In our case it does fulfill the quota.

Dr. WEBER. It does it at the expense of taking all of your year-around help if necessary?

Mr. HODSON. Well, I won't take the time now to go into this—

Dr. WEBER (interposing). Let us take the time. Do you know of cases in which they have taken all of your year-around skilled help?

Mr. HODSON. Yes; here is a Mr. Oyer who farms 200 acres. He has been milking 15 cows. His son was taken in the draft. He has reduced that herd to 8. He has been unable to get any further help, and probably will have to reduce that herd to 4.

I want to say first that most farmers—not most but a large percentage—are men of my own age, that are getting up above their fifties to their seventies, and a great many of them, like my own boys, have gone into industry. My own boy is the manager of a war plant doing a service there, and we are left with the younger boys to look after it, and when these boys go it is necessary that the operations have to be curtailed when the help is not here to do it.

Here is Mr. McGinnis. His boy was drafted and he sold 16 cows out of his herd.

Dr. WEBER. Did he sell those cows for slaughter?

Mr. HODSON. I cannot give you specifically this case, but in practically all of these sales that are being held, the livestock buyers—it appears that the slaughterers are present, and they buy a great many cows. A good many of those cows go to slaughter; yes.

Dr. WEBER. Let me ask you this. Are large dairies buying these cows? What I am asking you is—a medium-sized farmer who is running his farm with his two sons and who has harvested his crop in the fall, and those two sons are drafted and he finds it necessary, let us say, to reduce a herd of 30 milk cows to 10; do the large dairies with milking machinery and so on, are they buying up any of those herds and enlarging their operations?

Mr. HODSON. Not to any extent at all. I speak advisedly in that. That is not true, because I am in contact with many of that type of operations. They do buy a few where there are some outstanding individuals that they may want, you understand, but to enlarge their herd, no, because of the difficulty in obtaining help, and I can cite you a Mr. Troy for one instance.

Dr. WEBER. Are those farms that have 12 milk cows, are they going to have milking machines?

Mr. HODSON. In some cases they have, but not many of them. As a man who has had 7 years of experience in handling and in selling and in installing milking machines, I say that on the small dairies, although some people will tell you to the contrary, I say that there is no great saving of labor by using milking machines on that type of farm.

Dr. WEBER. No saving with a milking machine in that type of farm?

Mr. HODSON. That's right. You have got to get about a 15-cow herd to have any appreciable saving.

Dr. WEBER. The finishing of the milking has to be done by hand?

Mr. HODSON. Yes.

Dr. WEBER. And unless you have a large herd, the milking machine, both the capital investment and the use of the machine, is not going to materially reduce the amount of labor expended?

Mr. HODSON. That is true. You have the preparing of the machine, the washing and the sanitation and so forth, and that's a lot of work in itself.

Dr. WEBER. Both from the lack of capital on the part of the small farmer, and from the fact that it won't save him any labor anyway, he is not in a position to mechanize his dairying operation?

Mr. HODSON. No. And at present it is very difficult to get the machines at all.

Dr. WEBER. Of course, in 1941 before this machine rationing or curtailment program, and the delivery of machines had been cut down, there was a tremendous increase in the purchase of milking machines?

Mr. HODSON. They all went out for them.

Dr. WEBER. Every farsighted farmer could see what was coming, and they grabbed every milking machine in sight, just like urban people grabbed washing machines.

Mr. HODSON. Again getting back to the Selective Service Board, we have adjoining counties that do not have that situation. They do not have farmers on their boards. In some cases they have not been at all sympathetic, and in other cases are quite sympathetic. Not blaming them, they had no understanding of the problem.

Dr. WEBER. But you say even in your county where you have good competent farmers on the board, they have felt that their first responsibility was to meet the quota?

Mr. HODSON. Yes.

Dr. WEBER. And they have taken people who you believe should be deferred on occupational grounds?

Mr. HODSON. I should have said first that the farmers are just as patriotic, and those boys are as much so, as any other folks, and more so than some other folks.

Dr. WEBER. I don't think there is any question about that.

Mr. HODSON. Those boys in a large percentage of cases will not ask for deferment because they will not be pointed out as slackers, and they enlist for the same reason. Until agriculture has been made a war effort—and I think that should be done by an act of Congress—the mere putting out of such an order from any division

does not take away the stigma as it should be done.

Dr. WEBER. What is the effect of Mr. McNutt's order? Is that having any effect on the operations of the Selective Service boards that you are familiar with?

Mr. HODSON. It has not been out long enough to have any effect that you can notice yet.

Dr. WEBER. It is out about a month, isn't it?

Mr. HODSON. Yes. The 12-cow dairy or its equivalent in other stock does not effectively take into consideration the operations of the farm. A man may be operating an essential farm and not have practically any stock. You have many of them in Wood County down there. That is not given sufficient consideration. There are so many other factors than that alone, I don't think it is at all workable or practical. The order came out I believe about the 27th, and I asked a member of the Selective Service Board the day before yesterday, when I saw him before leaving home for Columbus, and he told me that he had just received that order and he was very much pleased to receive it because they had been deferring a number of these boys for short times—2 or 3 or 4 or 5 months—hoping that something of this kind would come out, and it provides that even though they have been ordered to be inducted, if it has not been done, that their cases shall be reopened, as I understand, and in that case, that board is going to be very sympathetic in the use of that order.

Dr. WEBER. Suppose it runs into the difficulty of meeting its quota if they comply with that order, what are they going to do?

Mr. HODSON. He did not answer that question.

Dr. WEBER. What do you think they are going to do?

Mr. HODSON. I don't want to be quoted for somebody else. I could tell you what I would do, but I may do a very different thing than they would.

I want to agree with Mr. Howell especially in regard to the setting up of the so-called War Board to examine these cases and report their recommendations to the Selective Service Board. I think it has got to go even further than that. It must be given some power of insisting on those deferments that are necessary.

Dr. WEBER. You feel that they must have the authority to determine deferment in regard to occupation?

Mr. HODSON. Absolutely, with an overhead reviewing board.

Dr. WEBER. But that dependency and physical condition should remain in the jurisdiction of the existing local board?

Mr. HODSON. That is true. And on the matter of pleasing your labor, I think your proper safeguards should be there, and that a great deal can be done in that way. Of course, there should be a board of review between the worker and the farmer, the farmer and his labor, to see that the proper compensation is paid. That would be absolutely necessary.

Dr. WEBER. You feel, with a system of wage boards and a system of appeal boards, that it is possible to set up wage adjustments?

Mr. HODSON. That is right.

Dr. WEBER. So that your all-year-round farm labor can be required to stay on the farm once it has been deferred for that purpose?

Mr. HODSON. Of course, the deferment from military service—I cannot quite agree with Mr. Howell that that will answer the question because of the industrial competition, but a system of freezing labor, in other words, not allowing labor to leave one farm or even one farmer for another without having presented his case to some board for decision, I believe that will work out and could be made workable and would avoid a great deal of this unnecessary moving from one job to another. A lot of people, you know, are in the habit of only staying a short time in one job, and then they want to move on to something else.

Dr. WEBER. You understand that such an arrangement will have to be contingent upon the farmer being willing to accept direction in terms of what type crop he is raising. For example, this year we were supposed to adjust our agricultural economy to the war production. Actually we have not done it. The South has produced about 4,000,000 bales of short-staple cotton more than was provided for in the food-for-victory goals, and yet the farm labor has harvested those 4,000,000 bales of cotton that we don't need, and that labor might have gone into the harvesting of more essential crops. Those 4,000,000 bales of cotton might very well have been utilized—the labor to produce them—on Ohio farms or some other place. So that as we tend to approach more systematic direction of one phase of farm economy, we are going to find it equally necessary to impose production requirements in terms of what harvest they will derive from that labor.

Mr. HODSON. But may I say that that may be done through incentive payments rather than through attempted force, because that won't work; it simply will not work.

Dr. WEBER. This is what the labor leaders of the country are saying about labor—that freezing won't work. In attempting to supply farm labor, it may be that the way to do that perhaps will be in incentive payments to the farmer, so that when they go to a farmer they will be able to tell him that they will be able to supply him with the labor if he will produce a certain crop which is necessary for the war effort with that labor. But you say that that won't work because you can't force the farmer to grow what he does not want to grow. You have to give him an incentive on prices. They say, "You want to freeze us to a certain crop."

Mr. HODSON. I did not say that you would freeze him. You should freeze him to the extent that he has to comply with some impartial board as to whether he should pay a man \$40 a month or \$50 or \$60 a month. But that is necessary in any event, even without any board, because if a man is dissatisfied with his pay, I don't want him, because he won't be any good anyway.

Dr. WEBER. If the Government attempts to tell every farmer what he has got to raise, regardless, there is a slight tendency of the old mule to balk.

Mr. HODSON. You can't make a man produce if he doesn't want to.

Dr. WEBER. There is more than one way to skin the cat.

Mr. HODSON. The farmers are generally agreed that the next move is in the way of incentive payments. Whether anybody likes it or not, incentive payments is the only way to bring production about. I don't want to impose upon your time—

Dr. WEBER (interposing). You go right ahead; I have all the time in the world.

Mr. HODSON. As a farmer and in actual contact with farmers, Mr. Howell has all of this data on Seneca County and some of the surrounding counties which would in a general way cover practically all of the other agricultural communities, but I think I feel from the farmer's standpoint the situation even more closely than our extension agents that we lean on so much, that the older men that are left on these farms are helpless. I would not only have to cite my own instance—I am using a cane today that I never had to do before—but I am still helping when I go back on the farm. I milk my share of the cows as best I can. I am getting to an age, and I have arthritis, where I cannot do the whole thing. When the help goes, we have only one alternative, that is to cut down to what we can take care of.

Now, one word as to women's help—or ladies' help, because the farm lady is just as much a lady as anyone else. I have seen what Mr. Howell has pointed out over and over and over again. This summer I was riding a combine in the oats field beside a neighbor. The temperature was between 90° and 100° in the shade, and there were two brothers, and they were operating each other's farms, and they were cutting their oats, and it was very heavy this year, and their wives were doing the shocking. And I will say that they did a good job, better than my hired man did. But that is not a conservation of labor. Those women, one of them got in the hospital and the other was under a doctor's care later, and that is what it is coming to, with this use of children and women labor on the farm. Farm labor is too heavy for women in 90 percent of the work, and I say 90 percent of the women. There are a few of course that are strong enough to do it, but if that is to be carried to any further extent, and even to the extent that it is being carried now, it is going to produce an absolute injury to the Nation as a whole in the days to come. Women that are pregnant, carrying children, and women that will later be carrying children are out there impairing their health in a way that will be not only to themselves a detriment, but to the whole community, because they will be thrown into hospitals, on public care, and so forth. There is nothing that disgusts the average farmer more than to tell him that you are going to send him out a bunch of girls or women to do his work. Certain light jobs they can help with, yes, such as picking apples and things like that in some cases, but putting a woman on the mower or loading hay and operating a tractor—and I have operated one for 25 years myself on the farm, and I know it is too hard work for an average woman to be doing, and I think that we are making a great mistake when we urge that type of labor too far. It has got to be more of a volunteer matter than a matter of pressure.

Dr. WEBER. You think that the use of women down on the farm has got to be surrounded with very careful safeguards?

Mr. HODSON. Absolutely. And understand, these neighbors of mine—they are comparatively young men, ambitious, but they cannot get help, and they want their crops taken care of, and the women are doing the same thing, and it is going to not only prove a handicap, but I think it is going to put these boys where, at an age where they should be in their prime, they may not be able to carry on.

Dr. WEBER. Whenever we have a labor problem today, somebody counsels—they ask, "Where are the women?" And with the farmer shortage, they do the same thing, but the farmers know that the women cannot do the heavy work on the farm.

Mr. HODSON. Absolutely. I have been running a dairy since 1893—practically all my life—but my wife has never learned to milk a cow, and I am proud of it.

Dr. WEBER. Is there anything else that you wanted to say?

Mr. HODSON. Not unless you had particular questions.

Dr. WEBER. There was no particular question. I might say that I think the testimony of both of you gentlemen from Ohio is very excellent and very clear and very much down to the ground. We know we have in Washington an endless number of people that consider these questions.

Mr. HODSON. I want to say that I appreciate your position. I have had a little experience in legislative work and I had 12 or 15 years on the other side of the fence in the State of Ohio, and I understand your problem pretty well.

Dr. WEBER. Thank you. We will recess now until Tuesday morning at 10 o'clock.

(Whereupon, at 4:45 p. m., a recess was taken until Tuesday, November 10, 1942, at 10 a. m.)

INVESTIGATION OF MANPOWER RESOURCES

TUESDAY, NOVEMBER 10, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE
COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met at 10 a. m., pursuant to adjournment, in room 310, Senate Office Building, Senator Claude Pepper (chairman of the subcommittee) presiding.

Present: Senators Pepper and Milikin.

Also present: Dr. F. P. Weber, special assistant to the committee. Senator PEPPER. The hearing will now begin.

Please state your name and address and the capacity in which you appear, please, sir.

STATEMENT OF DAVID B. ROBERTSON, INTERNATIONAL PRESIDENT, BROTHERHOOD OF LOCOMOTIVE FIREMEN AND ENGINE-MEN

Mr. ROBERTSON. My name is David B. Robertson, international president, Brotherhood of Locomotive Firemen and Enginemen, with headquarters at 318 Keith Building, Cleveland, Ohio.

Senator PEPPER. Thank you, Mr. Robertson. Proceed.

Mr. ROBERTSON. In opening my statement, I wish to express appreciation to the chairman of the subcommittee for the opportunity of appearing before this committee to present a few views on this very important question.

Senator PEPPER. We are very glad to have your views, Mr. Robertson.

Mr. ROBERTSON. For the past 20 years I have been president of a labor organization which has been active for 69 years and which represents some 110,000 employees engaged in engine service on the American and Canadian railroads. I have been a part of the labor movement for 42 years. During those years it has been my privilege, and in part my obligation, to observe and be informed with respect to government, management, and labor situations.

Senator PEPPER. Pardon me, you say your organization does include the Canadian railroads?

Mr. ROBERTSON. Yes, sir.

Senator PEPPER. We are glad to learn that.

Mr. ROBERTSON. All of the railway brotherhoods have jurisdiction in Canada, that is, those men engaged in transportation activities in Canada belong to the brotherhoods.

Senator PEPPER. That is good.

Mr. ROBERTSON. I have some knowledge of how labor on this continent feels, as members of my organization reside in every State of the Union and in every province of the Dominion of Canada. Any opinions which I express here will necessarily reflect a composite of their points of view.

As we were in the last war, we are in the present conflict interested in our members who are in the armed forces. Three thousand members of our brotherhood have left their normal tasks, and our brotherhood pays their dues and makes their life insurance payments while they are in the service of the Allied nations. They are still our members.

I say to you that the members of our organization and their neighbors are earnestly conscious of what it takes to bring victory to our armed forces. They are not hesitating and will not hesitate to sacrifice fully to help smash the Axis. In the civilian requirements for war, they fully respond; they will move quickly and with efficiency every ton of war materials and necessary civilian goods demanded of the rails. Their morale is high, because they are free and not under compulsion of law or Government edict. They are already completely organized and highly responsive to whatever Government requires in order to win this war. They are ready and willing to extend themselves of their own volition to the extreme limit of their ability and endurance but they do not need, or desire outside compulsion.

I believe that moderation, restraint, and cooperation in the war effort are definitely essential attributes of all American labor today.

That, gentlemen, is a picture of the material with which Government may work in the enactment of laws and in their administration. I believe with this human material, profoundly conscious of the democratic process, you can mold a force vastly superior to any compulsory system of regimentation.

It is the responsibility of Government to lead this tremendous force by efficient and dependable direction toward the greatest possible use of the Nation's manpower.

There is little or no confusion in our ranks concerning the war and its dire necessities; but there has been observed considerable serious confusion in the councils of government as to what we are expected to do to help streamline the processes in order to win the war. There seems to be a lack of unity here respecting the direction of manpower; the piling of agency on agency, the lack of dependable data to point the way of what is required of us. Frankly, gentlemen, we want leadership and intelligent direction, not compulsion; for with compulsion comes moral unwillingness, the disintegration of freedom and the loss of essential morale on which the winning of this war absolutely depends.

I am mindful of what the President, our Commander in Chief, has said, and I quote:

It may be that all of our volunteer effort—however well-intentioned and well-administered—will not suffice to solve the problem. In that case, we shall have to adopt new legislation.

And again he said, and I quote further:

We shall be compelled to stop workers from moving from one war job to another as a matter of personal preference; to stop employers from stealing

labor from each other; to use older men and handicapped people and married women.

The root causes of this condition—the real causes—are not found amongst the workers. Perhaps we haven't the time now to find these root causes, for the winning of this war is so urgent.

As Rubber Administrator Jeffers has recently so aptly said:

The whole damned thing has been muddled up for months, and I'm going through with this or else—.

The manpower question is admittedly muddled. Irresponsible orders are given, almost by private initiative, as witness the recent proposal of representatives of the War Manpower Commission and the Office of Defense Transportation for freezing of maintenance workers at 46 cents an hour, chiefly on the Southern Pacific Railway in 12 Western States; also because of a claimed shortage of labor, the suggestion of importation of 4,000 Mexican laborers, when 9,000 American workers were available for those 4,000 jobs.

If there is something wrong with the operation of Selective Service in its proper coordination with the policies of the War Manpower Commission, the course of correction should promptly be set. I have followed the debates in Congress on this question; I understand that the Director of Selective Service will be ready on January 1, 1943, with data on the occupational life of 43,000,000 Americans. During the Senatorial discussion on this subject, I experienced considerable surprise. Senator Austin, who ably discussed this question, said:

If it is assumed that information given to us through the Military Affairs Committee of the Senate is true, that it takes from 15 to 18 civilians in production, or in our industries, to sustain properly one man in the field of battle, 15 times 7,500,000 (our projected armed forces) is 112,500,000, and if it be true that we have only between 60,000,000 and 65,000,000 working units to perform the service of 112,000,000, we face a serious problem.

That is an excerpt from page 8720, Congressional Record, October 20, 1942.

Such impossible and confusing statistics leave us despondent and perplexed.

To us, representing labor, the solving of the problem seems to be a relatively simple task. Gentlemen, the manpower problem, we believe, can be overcome by forthrightness of leadership and by national standardization of working conditions, wages, and the proper adjustment of overtime rates. By forthrightness of leadership we mean the kind of leadership that is typified by Justice Byrnes and Bill Jeffers. We can depend on their forthrightness. We know that they are fair, that they are thinking only of sustaining high public morale and of victory in the war effort. That is what we favor. If such leadership informs us that standardization of working conditions, of wages, and of adjustment of overtime rates are necessary as a part of the war effort, let us all cooperate in working it out. The organization I represent is prepared to do its part. That will obviate pirating and other shifts in manpower arising out of differentials in wages and working conditions and the freezing of employment would not be necessary.

From following the record of Congress, I take it that the administration has in the course of preparation complete data concerning

the supply of labor. This should be extended and kept up currently, and government, management, and labor should be advised regarding the changing conditions indicated by this study. This data on the labor supply should include the manpower requirements for the armed forces and for war industries. It should also include the number of men deferred in critical war industries, agricultural production, and other services. There should, however, be no evasion permitted from the military services only because of such non-military requirements. Necessity to the war effort should be the guide—not the general class of occupation of the labor supply.

Every effort should be made to induce the utmost consultation between management and labor for agreement on fixed wage scales for every occupational group for all critical war industries. The number of hours worked each week by all of these occupational groups should be increased if it is essential to the winning of the war and the defeat of the Axis.

In Europe, at least, one of the most important factors in the conduct of war has been the dispersal of war production plants. Germany was the originator of great efficiency in this matter. The British have also achieved wide success in this respect. Frequent bombings have made this process imperative for them. We, in this country, perhaps less susceptible to such warfare, should nevertheless follow the example set. Government contracts for war supplies should be shifted from manpower shortage areas to areas where manpower is or will be available. Such a dispersal manifestly should benefit the war effort.

It is very important that every effort should be made to make universal the establishment of management-labor committees in war industries. The consultative method from the top of the war effort to its bottom is essential. We do not want the representation of our interest to extend to actual administration of government. We believe that this would result in serious confusion. We have observed the failure in this respect of so-called dollar-a-year men, who seem many times to yield in their decisions to the interest which pays them their real wages.

We earnestly believe that if you in this great deliberative assembly will preserve the freedom of labor, you will be contributing in the largest sense to the preservation of free enterprise and the freedom of the democratic processes. On the other hand, if you allow the regimentation of labor to be accomplished, you will be simply paving the way for the eventual regimentation of all enterprise—and, in the end, for the regimentation of the entire American society.

Senator PEPPER. Mr. Robertson, I judge you to believe that adequacy of planning and efficiency of administration of the machinery set up for handling the manpower question would obviate the necessity for compulsion or coercion?

Mr. ROBERTSON. Yes, sir.

Senator PEPPER. That is the fact of the matter, is it not?

Mr. ROBERTSON. Yes, sir; that is my feeling exactly.

Senator PEPPER. And as you suggest, that would contemplate the harmonizing of the whole program. For example, as you said, the location of an industry with respect to the labor supply, and without ignoring it.

Mr. ROBERTSON. That is right.

Senator PEPPER. If, after an efficient organization should be set up, and fairly and reasonably tried, there should be found one point, or another, where there might be some pressure required on the part of the Government, or authority in some responsible person to act, insofar as making the few who might be delinquent come forward and do their duty, then would be the time to consider what isolated cases of that sort might appear?

Mr. ROBERTSON. That is true, Senator; but our experience has been, I think I can state definitely, that there is not a manpower question, insofar as labor is concerned, that labor cannot solve. We have our members, and the whole railway industry is practically 100 percent organized. We have our lodges located in every city, town, and hamlet of the United States and Canada. We have direct communication with them. We are in contact with all of them, once a month through our magazine and through our monthly bulletin that goes out to all, in which we keep them advised of developments in the industry.

We have not found a problem arising since war was declared, that is, insofar as labor's interest in it was concerned, that we have been unable to solve, because, as I say, we have 3,000 members for whom we are paying assessments who are in the armed forces all over the world. Now, we are beginning to bury them, their remains are coming home. They are boys who are interested in winning the war, and I say to you, there is not a labor problem involving the shortage of manpower that we could not solve if we got cooperation of Government and management.

Senator PEPPER. Are all your men employed now, Mr. Robertson?

Mr. ROBERTSON. Yes, sir; except where there is a dropping off of activity, say, in the Lake country, where we have our seasonal work, but those in transportation there, those men could be shifted around to take care of the manpower situation.

Senator PEPPER. Are your men being allowed an opportunity to work a reasonable number of hours a week?

Mr. ROBERTSON. Yes, sir, our road men who work largely on a mileage basis, are all exceeding their mileage limitations and doing whatever their service requires.

Senator PEPPER. You feel, then, that any work required of your members, through your organization and its branches which are widely scattered, and through your experience, that you are able to bring in the necessary manpower that might be required?

Mr. ROBERTSON. Yes, sir; if the railroads cooperate and Government will cooperate, we think we can solve it; but the trouble is, there are no particular ones, there is no one particular person, a particular head to which we can go with our problems.

Now, we are facing a shortage of manpower in some localities because of the lack of housing facilities, such as at Needles, Seligman, and Barstow on the Santa Fe, and half a dozen more places out on the Western Pacific, out in the California country, and we have gone from one agency or from one person to another, trying to get cooperation from somebody, just who, we do not know. We have been to the management, we have been to the O. D. T., we have talked to the Manpower Board, and last night I wrote to the War Production Board, Labor Division, to see if they knew what to do.

Management claims they are short on those houses and cannot get them set up for our men.

Now, when you run over 160 or 170 miles a day, and put in some 8 or 10 hours doing it, you have got to have some place to rest in order to recruit your strength to make that return trip home, to the home terminal. Now, where there is an Army camp situated, the housing situation has become acute and the houses have been taken over and taken away from the railroad people, and the railroads seem to have failed in their effort to provide facilities for the men and say that they have been unable to get the materials, but still, the men—are they supposed to sit on a park bench and get their rest that way, can they not have some place to sleep between trips? That is something that no one person, no group of persons running this thing seem to be able to do, to furnish those facilities, and that is why we think if there is a reorganization so that there is one head to bring these problems to, that the public could be serviced, and the public and the country's interest better served.

Senator PEPPER. In other words, you suggest that the question of housing is a factor inextricably woven in with the rest.

Mr. ROBERTSON. Very much so.

Senator PEPPER. So that you ought to be able to take your problem in these manpower situations to that one head, and get them solved?

Mr. ROBERTSON. Yes, sir; that is the effect of it, that you ought to be able to go to one person and get them solved.

Senator PEPPER. The National Housing Administration, I suppose, regards itself as more or less of an independent agency—have you been to them?

Mr. ROBERTSON. No, sir; the most consolation I have gotten out of it yet is what I got out of the Manpower, of the labor consultant of the War Production Board yesterday, when he said they were going to have a meeting last night and if I would give him a memorandum, he would bring the matter up and see what they could do about getting priority for materials. It is just like a ball of string. If someone would find a way to concentrate this question of manpower in some particular spot where people know where to go, we can solve these problems.

Senator PEPPER. Dr. Weber would like to ask you some questions, Mr. Robertson.

Mr. ROBERTSON. Very well.

Dr. WEBER. Has there been any demand for railway workers that your union has not been able to supply?

Mr. ROBERTSON. No, sir.

Dr. WEBER. Do you have members who are unemployed or who are partly employed who could be submitted if the demand existed for their labor?

Mr. ROBERTSON. Yes, sir. Down on the Monon Railroad, we have firemen, 215 firemen are on that railroad and 200 have been furloughed—100, I should say, have been furloughed, and we have sent about 50 to the Santa Fe Railroad.

Dr. WEBER. That is, some railroads are working at a very high degree of utilization, others are not overloaded, and the result is that in some areas your men are partially employed and in other areas they

are fully employed, that is, in some cases where there is no exceptional load?

Mr. ROBERTSON. There are not very many furloughed, though; that is right.

Dr. WEBER. Does any plan exist, or has any discussion been had of a plan, to transfer workers from one road, that are not being used so much, to other roads?

Mr. ROBERTSON. No general plan has been set up for that purpose, but that is a general practice in the railroad industry.

During the winter, men on our lakes, when the lake trade is closed, are out of work, and if any of the southern or western roads need firemen or engineers, men trained in train service, we undertake to supply them; but I think it might be well to supplement that statement with this particular point:

Up to the present time there has been no question of a shortage of manpower in the railroad industry brought to the attention of the railway labor organizations by management, except in a very few isolated cases, and when those matters were brought to our attention, we immediately filled the orders, but we have made no effort so far to organize an employment agency among ourselves, which is certainly possible, to provide for the shortage of manpower in the railroad industry because we have been relying on management to bring to us its problem of shortage of manpower, or its different problems in that line, that might go beyond normal requirements of management for different classes of service. Only recently, about 10 days ago, we met with the committee of railroad presidents and the office of the O. D. T., and set up a joint management-labor committee; that is, separate committees were set up, but they agreed to meet jointly and to discuss our various problems and also furnish the O. D. T. with such information as it may desire from us on matters in which it is thought we have an interest.

Dr. WEBER. Do you know of any management official in the railway industry that has proposed a compulsory freezing of railway labor? Have any of them made any proposal to the railway unions, or publicly, for freezing railway labor?

Mr. ROBERTSON. None that I know of.

Dr. WEBER. So that at the time that Congress is considering several bills for compulsory control over manpower, prior to 10 days ago there had been no joint meeting of management and labor with relation to the manpower on the railroads?

Mr. ROBERTSON. Not that I know of.

Dr. WEBER. Does that exist in regard to any training program sponsored by the Government or directed by the Government in regard to manpower on the railroads?

Mr. ROBERTSON. Not insofar as the transportation men are concerned, but I cannot speak for the shopmen. Mr. Jewell, who will follow me, will perhaps be able to answer that, but insofar as our workmen are concerned, it takes a long while to train those men. In other words, when a man applies for work with a railroad, when he passes the required examination, the system of training requires him to get out and go along with an engineer and a fireman and work, anywhere from a week to 30 days, learning how to fire, learn-

ing the rudiments or the primary work and duties of a locomotive fireman, and then he goes on as a fireman.

Dr. WEBER. Have you had a chance to read the late report of the Tolan committee?

Mr. ROBERTSON. No, sir; I have not.

Dr. WEBER. But it is your feeling that we definitely need a centralization of authority in the field of manpower?

Mr. ROBERTSON. Absolutely.

Dr. WEBER. Now, do you consider that this management-labor committee set up at O. D. T. will handle manpower problems in relation to railroads?

Mr. ROBERTSON. We are going to undertake to do it, if management brings that up. You see, we are relying on management to let us know where they are short, because they are in charge of the operations, and if they will bring up the problems of manpower we will undertake to help solve them.

We are going to collaborate in every way possible. We are going to ask other organizations in transportation to cooperate with us. We are going to set up a bureau of our own, and we are just starting now to put out, all over the country, inquiries concerning not only the furloughed men in the industry, available men who have been laid off on account of age—that has been a rule for a number of years—we are going to ask them to help us, each of them, and report to us who they know that we might be able to use and where they can be found, and, furthermore, we expect to ask these men to see if each cannot locate a man who can be used in the railroad service. When we are recruiting men for our service, or undertaking to find manpower in a rush of business, we utilize our manpower, every man available, in every little town, around throughout the country, and they bring in their sons, or their brothers, or a farmer who might live next door, and they get him in the service and we can do a great deal of work in that respect. That, really, has not even been explored up to the present time.

Dr. WEBER. I think that is all I have.

Senator PEPPER. Mr. Robertson, we thank you very much. That has been very helpful.

Mr. ROBERTSON. Thank you, sir.

Senator PEPPER. I believe you said Mr. Harrison, or is it Mr. Jewell, who will come next?

Mr. HARRISON. Mr. Jewell will follow me if you have no objection, Senator.

How have you been, sir?

Senator PEPPER. We are mighty glad to have you up here with us today.

Mr. Harrison, will you state your full name, your address, and your official position for the record, please.

STATEMENT OF GEORGE M. HARRISON, CINCINNATI, OHIO

Mr. HARRISON. I am president of the Brotherhood of Railway Clerks, Freight Handlers, and Station Employees.

That is an international union holding contracts with the railroads in the United States and Canada, covering 285,000 of the less than

1,500,000 railway workers, and it has in actual membership in excess of 200,000 of those workers.

Senator PEPPER. Excuse me, Mr. Harrison.

Mr. Robertson, did you state the membership of your organization?

Mr. ROBERTSON. Yes, sir; 110,000.

Senator PEPPER. Thank you; I wanted to be sure.

Continue, Mr. Harrison.

Mr. HARRISON. Our organization might be called the white-collar organization, and in addition to that, it represents the men that actually handle the less-than-carload freight, the baggage, and mail, and look after the transportation of passengers.

They operate the controls and prepare the directions for the movement of railway traffic.

Now, my appearance here in connection with the manpower problem, I think, ought to be explained clearly, and that it is by request of your committee. I do not presume to know a great deal about the manpower problem, but being in a large industry and associated directly with those problems every day, necessarily I have given thought to the matters, and I want to discuss the problem solely from a standpoint of experience in relation to our own industry and its relation to the national problem.

First, I take up our own industry.

We now have in service in the United States, as of the last report available, September 1942, 1,329,000 full-time railroad workers. There is not, at this time, any shortage of manpower in our industry except in the California area, and the shortage in that area exists in practically every branch of the service. The shortage is more pronounced and more acute in the low-wage-paying occupations, principally those of track labor, men engaged in handling less-than-carload freight, and laborers in and around the shops and other operating departments of the railroads.

Aside from that, there is no shortage of manpower in our industry at the present time. Now, the present working force of 1,329,000 full opportunity jobs compares with 2,020,000 during the last war. We are now 650,000 below what we were in the last war. Our railroad industry today is handling a greater total volume of business than at any other time in its history, measured by gross ton-miles and measured by passenger-miles. Our passenger business, representing the movement of troops by direction, as well as individuals, has jumped about 150 percent since the 7th of December last year, 1941—it has increased about 150 percent.

At the present time there is considerable strain on the industry to handle the demand for the movement of passenger traffic. That is due to insufficiency of physical facilities, and that present shortage grows out of the recent past when passenger traffic was declining and there was no need for developing or building of additional passenger facilities.

They are making shifts now from branch lines to main lines for much of the passenger equipment, and we are able to solve that problem now, but it is our judgment that the passenger-movement problem is going to be very difficult in the not far distant future and we are going to have to have additional power in the way of locomotives and additional power in the way of equipment.

Manpower is adequate and, so far as we can see now, there is no shortage problem now, nor will there be any. Our situation is much the same in regard to moving the freight traffic.

Senator PEPPER. Will you allow me to interrupt, please?

Mr. HARRISON. Yes, sir.

Senator PEPPER. Now, have you any figures as to what is the average age of the workers in your organization?

Mr. HARRISON. Well, in my organization I have no exact figures, but we operate an insurance department in our organization. Each member by payment of his dues automatically, through that, becomes a member of our insurance department. We compute an insurance cost age figure in order to determine how our fund is operating, and it is examined annually by actuaries; from statistics we keep, our average cost age, last year when we computed the figure, was about 39.

Senator PEPPER. Do you have women as well as men in your organization?

Mr. HARRISON. We have a large number of women and I shall get around to a discussion of that very shortly, as to a method of supplying additional manpower.

Now, going back to the freight situation, we have to have more freight equipment because we are just getting every ounce that is in the equipment out of it now, and 10 days ago we moved the greatest number of carloads of freight ever moved in the history of our industry in a single day. It exceeded a million cars during a recent week. We have to have more equipment and that is an acute problem now and will be very serious if it is not met very quickly.

There is no problem in regard to manpower in the movement of freight and there will not be any serious problem in the movement of freight so far as manpower is concerned.

Now, we are trying to contribute to the solution of that manpower in our industry. For my particular group, which is a very important group as things go, in this fashion—we are trying to solve the problem—up to the close of September of this year, approximately 9,000 of our members had been taken into the military forces. Here is what we do, just as soon as one leaves: We ask the management to offer the wife of that employee leaving for military service the privilege of coming to work on the lowest or last job on the roster (having seniority) and of course under seniority we move everybody up that can hold the job above him, and if it happens to be a single person, we say to that person leaving for the armed forces, "Have you got a sister, a cousin, or some other relative that you would like to see us put to work while you are gone?" And in that way we are bringing those people into occupations, where the women can carry on while the men are gone.

Now, there is a large reservoir of womanpower in the country, and if everybody would undertake to make it a job of their own, of getting that womanpower in the industry, we can increase the available manpower and draw from the potential supply sufficient I think to meet our problem.

Now, what is our problem? Naturally, as I understand it at the present time, we have about 60½ million people that might be regarded as workers; 60½ million, and that is divided of course between our industrial working population and our agricultural working popula-

tion over the age of 14. At the present time there is close to 54,000,000 engaged in industrial and agricultural pursuits, so we still have available in nonessential industries a large supply of labor and we still have available this large pool of womanpower that can be brought into industry if it is properly organized. That is going to have to be done.

Now, the problem seems to be, in regard to manpower, how to get the job done. These figures that you hear quoted around here of about 15 persons being required back in production to support one member of the armed forces, is just a lot of nonsense. There is nothing to that. You can take one person engaged in combat, that is, one that is actually fighting—you are not going to have 7½ million fighting at one time; you might have, probably, a million or a million and a half, or possibly 2,000,000, from all past indications—and suppose you had 2,000,000 actually engaged in fighting. It may take all the way from 12 to 17 to serve each of them, or support them, and if you had 2,000,000 actually fighting and it took 17 for each one, then you would need 34,000,000 to supply those 2,000,000 in actual combat. Then you would need those to supply those not in actual combat, and that number would be very, very small, from all we can learn of the production demands and needs of the Military Establishment of the Nation.

Now, we only have available in the country so much manpower, and it is a question of apportioning the manpower between the armed forces and the organization necessary to sustain the armed forces. That can be done, from all that seems to be available on the subject, if it is properly organized.

Now, how to organize it? It is our judgment—maybe we are not absolutely correct on it, maybe I don't know the full facts, but we have thought about it—there just is not any well-defined plan or intelligent organization dealing with the manpower problem at the present time, because the responsibility is divided between so many Government agencies having authority in the same fields that there is an overlapping of effort, as well as an overlapping of authority, and that has prevented, in my judgment, the accomplishment of any well-formed, coordinated, well-directed plan to meet the problem.

Now, we have some definite recommendations to make.

Our railroad groups had a meeting here some 10 days ago, after conferring for 2 or 3 days with the Manpower Commission and the military organization that was represented in the Manpower Commission, and I want to offer some direct suggestions as to the overall handling of the manpower problem.

I think the first thing that has to be done is to determine how much manpower is available by occupational groups in each State. Now, that has not been done, as I understand it. This questionnaire that has been circulated to those of us who were required to register recently only asks for answers as to certain skills. There is not an inventory of manpower and undoubtedly it would not uncover and develop and supply the essential information.

The first thing we ought to know is, how much manpower is available, where is it located, and what can that manpower do; not what it is doing now—what it is doing now plus what it can do. There are lots of people in this country, you know, that are in occupations today, by force of circumstances, that undoubtedly have skills that would be useful in times such as these.

Just off the record, and personally, I am a skilled mechanic. I was a mechanic before I was a clerk. I used to work at the trade in the railroad industry as a skilled mechanic. I have been in office clerical work now since 1918. I imagine I could go out and do a job equal to the others even now, if it came time for it, and if the country needed my services in that capacity, I could still do a good job and there are a good many more that can do the same thing. So, if you ask them to give you the information with respect to their present occupations, you do not determine the full resources of the manpower of the Nation. That ought to be done. We ought to have a national registration day for every person that can walk or crawl to the registration place, and find out what they are doing and what they can do. That includes the women as well as the men.

Now, after we find out what our storehouse consists of, then we ought to determine how many persons, including women, are available in each State that are presently unemployed in a compensable occupation, who can be trained for war work.

We ought to determine how many new workers will become available each 6 months, in 6-month periods, for the future. That represents the youngsters growing up, and other sources that it may ultimately become necessary to tap, and to utilize.

Then, we ought to determine how many workers are available in each State, now employed in services and professions and in the production of goods that are not essential to the winning of the war, that can be progressively reduced, or can be abandoned. These workers can then be released for war work as our war production manpower needs increase.

Briefly, what I mean by that is, there are a lot of things that we can get along without in order to supply the needs of our Military Establishment, and to win this war, and by indirection rather than compulsion—we are going to have to bring about the shifting of persons in nonessential occupations to the production army, to where we need them.

Now, that could be done by two or three ways: In the first place, we are trying to control materials. Well, if we succeed in that function, we just don't give them any material to do the thing that they are now doing, and when those men do not have any jobs, they will go where they can get a job because they have to work to live and they will go in war industries.

Now, there are lots of establishments—everyone of you can think about where that could be done. We can get along without those things until the war is over.

Now, the next thing that ought to be done is promptly determine, by 6-month periods, the manpower requirements of our Military Establishments. Undoubtedly, our military establishments have got plans developed, and have some notion about what they are going to require, not exactly, of course, it does not have to be too definite, after the estimate has once been made, it can be revised when our military demands require it, but we can get an estimate that will give us some idea of what the military organizations have got to have and then we will have a segregation between our military requirements for manpower and our industrial requirements on our home economic front.

The next thing we ought to do is determine how many workers the total war effort will require at 6-month intervals, by occupational groups in each State. That will give us some idea of the demands that are going to be made on the manpower of the Nation for production of things necessary to support the military forces. That will then make clear to us what our problem of readjustment and shifting will be, and how much new labor we have to bring in, by getting the women and those that come into the labor market and from other sources that are available to us.

Now, to avoid confusion and loss of efficiency and wasting of manpower, we are of the opinion that we ought to immediately defer vital war industrial workers from military service indefinitely, who have reached or passed the age of 35. They are no good as fighting men. When you get beyond that age, you are too old to fight, as a first-line combat soldier, so we might as well quit pulling them out of industry and putting them in labor gangs where they cannot do a real job in the military forces, and say, "You are here until we reach a point in our military needs that men like you have to go and do the fighting."

Now, those under 35, in our essential and vital war industries, ought to be deferred sufficiently long so that we can train substitutes, and as substitution goes, we do not think there is any irreplaceable person in this country. For that matter, we replace them right along, people die, and move away, and we find somebody to carry on, and that ought to be done, and if that were done it would make this pool of young people under 25 years of age available for the military forces rather than having a lot of them in production and older men in the military forces that are not much good to the military organization.

Now, that can be done if it is taken up and determination is shown to meet the problem.

There is a tremendous wastage of efficiency in production and manpower by turn-over. We ought to immediately go after that problem. We ought to stop labor turn-over. We ought to eliminate varying wage rates in essential and vital war industries. That is the biggest reason for the labor turn-over. Everybody is looking to get a little better job at a little more money, that is why these workers are shifting from less vital war industries to these other war industries. It is a question of wages.

Now, there is not any reason why the Government, with the aid of employers and labor, could not have a meeting for each of these basic essential or vital war industries and set up a standard wage rate for each labor classification and stop that migration and shifting and turning over of labor.

Senator PEPPER. And it would also stop pirating.

Mr. HARRISON. Yes, sir; it would stop pirating completely, so far as stealing a man by bribing him with higher wages is concerned.

Immediate governmental action should be taken after consultation and agreement, if possible, with management and labor representatives, to establish fixed wage scales for every occupational group, for all critical war industries. Now, I do not mean all industries, I mean the critical war industries. This should include provision for the higher rates not to be reduced, so long as they are occupied by the individuals that are now in those jobs, but as the new workers are

engaged the fixed rates of pay would apply. Those rates that would have to be brought up that are now below the level, immediately should be brought up. These rates should only vary to the extent necessary to clearly and fully recognize general job classifications, but should be uniform as to each group of war industries and with only such territorial differentials that may be necessary to attract manpower to States experiencing shortages of labor.

For instance, we have a surplus of labor in New York at the present time. Well, there is no reason why the wage rates there should be on a parity with the wage rates in California where we have a shortage. We ought to have an incentive to get the manpower to where we are now feeling the pinch, and to make other adjustments which I shall discuss later. That could be done. In other words, we could supply the incentive for the shifting of people to where we need them, rather than having the employer trying to supply the incentive.

Lost time, or absenteeism, resulting from accident, illness, or other reasons, should be eliminated to the greatest extent possible. In order to do this we suggest an immediate program to secure these results by joint action of management and labor under the guidance and direction and with the assistance of Government representatives. There is much lost time.

You take when wages are high, there is more lost time than when wages are not so high, relatively, I am speaking. There is also the Monday morning, you know, away from the job after pay day on Saturday, and I was informed the other day by the vice president of the Boilermakers Union, which represents the shipyard workers, that in one of the shipyards in New England, he stated, that we had a 23 percent loss of manpower caused by absenteeism, for one reason or another.

When labor was consulted and asked to do something about that, they cut that loss to less than 3 percent. Now, that can be done if we will go after it with the determination to get rid of it. It is waste, it is no good for anybody, and we will tremendously increase the manpower applied and devoted to production from that and through that one process alone.

Senator PEPPER. Now, that was done by labor, voluntarily?

Mr. HARRISON. That was done by labor at the request of management. They had dealt with the problem, had tried to solve it and could not solve it, but we had gone right to the man and said, "Listen, this is part of the very life of this Nation, and it is in jeopardy, and you own as much of it as anybody else does, and it is up to you to do your part in protecting it. You have got to stick to your place, do your work just the same as any good soldier, or we are going to agree to run you out of here, dismiss you from the service," and we will get to the bottom of those things and stop it.

Now, if the boss tells them that they say, "Well, maybe you will and maybe you won't, I'll talk to my organization," but if the organization talks to them they know that the jig is up, and they will be on the job if they don't have a good reason not to be there.

There is much that can be done. We in the railroad industry do not know that kind of stuff. We are on the job unless we have permission from our employer to lay off, or are sick and in bed, and if there is any doubt about the sickness we have to produce a doctor's certificate.

Now, that is the way we have run our industry for a hundred years. You work day after day unless you get permission to be absent or you are actually sick in bed and unable to work. That can be done. These are bad times, and we have to have these jobs done, and there isn't any other answer to it—it has to be done and there isn't very much regimentation or very much compulsion about it, just say, "You have a job, now go on the job and fulfill the job," and much can be done to increase the manpower and the man-hours devoted to industry and we will get rid of those absences. That is pretty much of a management or a labor job and they can be ironed out, if properly handled.

Now, getting down to another big problem, the amount of hours that are worked by industries.

A recent report of the Secretary of Labor showed that many of our vital war industries are working a very low number of hours per week. Of course, in our industry, you know, we run 365 days a year, 24 hours a day every day. That is the way our industry operates, so it is not a problem with us, but for other critical war industries, it is our judgment that there is no reason why they should not be put on a 6-day, round-the-clock operation, if the processes will permit that kind of operation, or the nature of the article being produced will permit it, and then if necessary they ought to be stepped up some more to the point where the efficiency starts to slide.

Now, there is that point at which efficiency begins to deteriorate, and that is after 54 hours. Please do not misunderstand me. I am talking about hours for operating industry to get the production that we might ultimately need when the maximum striking power of our military organization is reached. I have no reference to changing the payment for overtime, the standards that are now effective, I am talking about running the production plants and the working of the men in those plants to get the required man-hours, and the required production needed by our military-requirements establishments.

Now, the report of the Secretary of Labor shows that coal mining is low, the miners have been working 29 hours a week, if my memory does not fail me as to the amount. The manpower is available. You can get it. Well, we have got a manpower problem there, as I get the information; and our steel industry is only working 40 hours, and if we are short on anything, we are short on steel, as I read the papers.

Senator PEPPER. As I recall the statement, the vice president of the Steel Workers Union testified that the average was 37 hours.

Mr. HARRISON. I read that testimony—yes, sir; I think they have a 5-day week of 8 hours a day, and average hours worked is about 37, as you say, Senator.

Now, the next suggestion we make is that contracts that have been let for war supplies, to the extent that is possible, ought to be shifted from areas where there exists an acute manpower difficulty. Future contracts should be let where facilities are available, where there is a supply of manpower that will be adequate to execute the contracts.

Now, without implying any criticism whatever, I know these things have to be done in almost any way they can be done at the moment, but we know how contracts were let, a good many of them, and that is when people came down and wanted a contract, then by getting

hold of one or another person they finally got a contract, and then they went out and built themselves a plant with no idea about the available housing facilities, or the utilities or the manpower.

Now, if we could get a little more—I am not criticising—but if we can get a little more intelligent allocation of our contracts to areas with facilities available or where they can be made reasonably available, we probably can help the manpower situation and also help the situation materially by eliminating the need for providing additional housing and additional utilities in those areas to meet the influx or demands of a great influx of additional labor.

Now, the next problem we call attention to is that Federal agencies having to do with the handling of employment problems or recruiting manpower, should be expanded and utilized so as to supply the needs of industry for manpower and to mobilize and train additional workers. What I mean by this is, we ought to take the United States Employment Service and we ought to make that the exclusive agency to recruit and supply manpower to industries. Now, if workers had to go to the United States Employment Service to get a job, they would give them certificates to go and obtain jobs in the industries where their services are required, and by that indirect method we could direct the manpower in the locality where manpower is available and seeking employment. In a good many areas, there is a great deal of that kind of manpower.

Now, if these as well as other matters are made effective, we do not presume to say that this is a cure-all, we think it will be very helpful. Then, we think there ought to be established in every critical war industry a management-labor committee under general governmental guidance for the purpose of increasing production, stimulating the workers, keeping them informed as to the necessity for more and more application, more and more production, more and more efficiency in production, less and less absenteeism, less and less leaving their jobs and interrupting production, less and less loss of man-hours for many and many reasons, and more and more determination to win the war, and better understanding of the need of winning the war.

Now, that can be done by labor's own people talking to them, because we talk their language. They have confidence in us. They believe in us. We have led them successfully, in a large measure, and we can get them to respond because that has been our job for 35 or 40 years, to get the workers to respond to the thing that had to be done in their own interests, and if there was ever a job that had to be done in their own interests, it is the job of winning this war, and I think they will appreciate that and understand it and they will respond.

Now, there is a tremendous organization of leadership that can produce the necessary stimulation and understanding that would get all the possible work out of the working people of this country. We are absolutely opposed to freezing of manpower in jobs, and until the time comes that every voluntary effort in that direction fails—and I do not say, wait until the house has burned down, you know—but let's try the voluntary procedure with some intelligent plan before that time comes. I do not think it will come.

We want to be pretty slow about talking about compulsion, so long as we still have time to handle it in the voluntary way, because I believe that is only the beginning of another step that is inevitable; whenever you subject a human being to involuntary servitude in the service of a private employer who is making a profit, the next step is the disposition and elimination of the profit-taking private employer, that is inevitable; whenever the working population of this Nation is told that the protection and preservation of the Nation compels them to go into service of the Nation as production soldiers, wherever they are needed, by direction of the Government, and the Government exercises that right which it has and which it must exercise when circumstances require the exercise of it, then the obligation of citizens is to defend that heritage and that Nation that belongs to them, but they do not have any obligation to work for another private citizen who is taking a profit.

So, it is inevitable that your profit system and your private enterprise have got to go just as soon as you freeze manpower and take away from the human the right to sell his labor, because to him free enterprise has gone, he no more has any free enterprise when we freeze him to his job, but free enterprise is gone so far as he is concerned and he is tied to a job to produce a profit for another citizen of the Nation. Well, it might be said that that citizen is producing supplies needed by the Nation. That may be true, but in effect he is working for another citizen who is profiting from his labor, who is taking a profit off of his labor which has been commandeered—or which has been conscripted, because the Nation compels that action, so I call attention to that.

Now, I am not a left winger and am not seeing boogymen, but am just trying to analyze our problems as I see them, and this is a very important step. Again, let me say that in freezing jobs, I think the next step will be abolition of private enterprise and the profit system will follow; it is inevitable.

Senator PEPPER. So, you suggest that management should have the same interest in wanting to avoid compulsion and the like?

Mr. HAMMONS. Absolutely, and the only employers who are arguing for freezing of labor are those who are paying such low wages that they cannot get labor at present.

I could tell you about a situation in connection with my organization, and that happened in the case of the Canadian Steamship Clerks. They were unorganized and poorly paid, and we went to them and organized them, but before they could build up their wages they froze the wages in Canada and we have boats lying in their ports now which have been there a week or 10 days, or are there that much at a time, and we cannot get men to unload them because they won't work for those low wages. Well, they have what amounts to conscription of manpower in Canada, and they round up a bunch of men and send them down to the docks, and they work 2 or 3 hours, or half a day, and then they just walk away and you cannot find them any more. Then, you have to go out and round up somebody else. That is what happens when you freeze wages, what happens when you undertake to conscript manpower. Now, I do not think you have to do that. I do not think the time will ever come when you have to do it because I can foresee the disappearance of the ideals that we

believe in—maybe that will have to be done. I should not oppose it if it has to be done because I am interested in the preservation of America, but I am also interested in preserving my soul, if that can be done, while I preserve the Nation.

Now, Senator, I have probably said more than I intended to say. My whole purpose is to try to be helpful. If I have left anything with you that would cause somebody to do some additional thinking, then I feel that I have succeeded, and if I have fallen short of that, then I am sorry that my ability is so deficient that I could not help you in unraveling the problem.

Senator PEPPER. Mr. Harrison, may I make a comment on what you said—as we would say down South, “You have said a mouthful.”

Mr. HARRISON. Thank you very much.

Now, I have a copy of that plan, and if you will have it copied in the record, I would appreciate it.

I will give you one again, Senator.

Senator PEPPER. We will be glad to have it.

Mr. HARRISON. That plan has been officially adopted by our Railway Labor Executives Association, representing substantially all of the brotherhoods and the 1,500,000 railway workers.

Senator PEPPER. We are very glad to have that, Mr. Harrison, and I want to say here, before we ask you a few questions, that you gentlemen do not know how heartening it has been to this committee to have had the splendid cooperation we have had from leaders of labor, to come here quietly and constructively, to try to help solve this perplexing problem.

Mr. HARRISON. Thank you, sir. We have no selfish interest in it whatever. We solve our own problems in our own industry and we have enough women in our homes to come forward and do our work, in place of the boys that are going to the Army, and we are going to give them a job.

Mr. Reporter, here is a copy of the plan for the record.

(The plan submitted by Mr. Harrison is as follows:)

RAILWAY LABOR EXECUTIVES' ASSOCIATION,
Washington, D. C., November 3, 1942.

To All Members of the President's Cabinet, Members of the Senate and House of Representatives, Greetings:

Attached for your information is copy of statement of the Railway Labor Executives' Association on the manpower problem released to the press under date of November 2, 1942.

The Railway Labor Executives' Association speaks for 1,300,000 railway workers, who are members of the 19 railway labor organizations shown above.

Yours very truly,

J. G. LUHSEN,
Executive Secretary.

FOR IMMEDIATE RELEASE

WASHINGTON, D. C., November 2, 1942.

STATEMENT OF RAILWAY LABOR EXECUTIVES' ASSOCIATION ON MANPOWER PROBLEM

The proposal made by representatives of War Manpower Commission and Office of Defense Transportation to freeze railroad truck labor in 12 Western States to their jobs for duration of the war, and import Mexican labor to supply further manpower for these services has, along with the national manpower problem,

been given consideration and study by the Railway Labor Executives' Association, representing substantially all rail workers in the Nation.

It is proposed by these representatives of government that the lowest-paid workers in the railroad industry, receiving generally 46 cents per hour, be frozen in their jobs for the duration of the war, because it is claimed there exists a shortage of this class of labor in 12 Western States.

We are opposed to freezing any worker in his job. It is unnecessary and will destroy production, wipe out free labor, and inevitably result in abandoning our system of free enterprise, ideals of human freedom, and democratic processes.

It is unthinkable that working people be frozen to their jobs under a system of private profits. The railroad manpower problem difficulties we are now experiencing can be readily overcome by payment of decent wages, adjusting overtime rates and working conditions in this industry to national standards.

The national manpower problem cannot be intelligently and effectively solved in a piecemeal fashion. We should have a national program that recognizes and meets national requirements. Voluntary procedures with a full understanding of our needs will command support of all our people. They want to win this war, but they can't help unless they know what is required and get leadership from our Government. We, therefore, suggest a general program to meet this national problem:

LABOR SUPPLY

1. Determine how much manpower is available by occupational groups in each State.

2. (a) Determine how many persons (including women) are available in each State now unemployed who can be trained for war work; (b) how many new workers will become available at 6 months' periods.

3. Determine how many workers are available in each State, now employed in services and production of goods not essential to the war that can be progressively reduced or abandoned, and these workers released for war work as our war production manpower needs increase.

MILITARY MANPOWER REQUIREMENTS

4. Promptly determine, by 6 months' periods, manpower requirements of our military establishments.

LABOR REQUIREMENTS—WAR INDUSTRIES

5. Determine how many workers the total war effort will require at 6 months' intervals, by occupational groups, in each State.

DEFER CERTAIN WORKERS

6. To extent military manpower needs will permit, immediately and indefinitely defer from military service all workers 35 years of age and over who are engaged in critical war industries, services, and agricultural production. Make temporary deferment of all such workers under 35 years of age who are presently liable for military services, and provide plans for quick and certain replacement and release of these workers for military services. Generally, there are no irreplaceable workers and this temporary deferment should not be permitted as a hide-out from military service. There is much criticism in this respect at the present time.

REDUCE LABOR TURN-OVER

7. Stop labor turn-over. Eliminate varying wage rates. Immediate governmental action should be taken, after consultation and agreement, if possible, with management and labor representatives, to establish fixed wage scales for every occupational group for all critical war industries. This should include provision that existing higher rates than those rates so fixed will not be reduced, but as new workers are engaged the fixed rates should be paid. All rates of pay below those so fixed should be immediately increased to that level. These rates should vary only to the extent necessary to clearly and fully recognize general job classifications, but should be uniform as to war industries and with only such territorial differentials that may be necessary to attract manpower to States experiencing shortages of labor.

REDUCE ABSENTEEISM, ETC.

8. Lost time or absenteeism resulting from accidents, illness, and other reasons should be eliminated to greatest extent. An immediate program to secure these results should be made effective by joint action of management and labor representatives, with assistance of governmental representatives.

INCREASE HOURS

9. Critical war industries not presently employing manpower and facilities to maximum should be compelled to increase the number of hours worked each week to at least 48 hours and possibly 56 per week.

SHIFT WAR CONTRACTS

10. Governmental contracts for war supplies should be shifted from manpower shortage areas to areas where manpower is or will be available. Many war supply contracts have been let that can be shifted to other locations. All future contracts should be let in localities where facilities and manpower are available. Shortage areas should be avoided whenever possible.

RECRUIT AND TRAIN LABOR

11. Federal agencies should be expanded and utilized to supply the needs of industries for manpower and to mobilize and train additional workers. If these agencies will make known to the people needs for manpower, and present the problem to the people in proper manner, those persons needed will answer a call for their services.

INCREASE PRODUCTION

12. If above-suggested program is made effective concurrently with universal establishment of management-labor committees, under general governmental guidance increased production will result. "Business as usual" must be subordinated to our war needs. Industrial management must abandon activities in violation of their good-faith pledge to cooperate with the workers and Government to win this war. Labor must remain at work and production must not be interrupted. Federal Government agencies responsible for mediating, conciliating, and deciding labor controversies must abandon their old slow procedures and promptly and quickly dispose of these controversies, as they reduce morale and impede war production.

We feel if this program is put into operation it will solve our manpower problem and meet our national requirements without resorting to compulsion and abandonment of free labor, free enterprise, and democratic processes.

Senator PEPPER. Dr. Weber will ask a few questions of you, Mr. Harrison, if you please.

Mr. HARRISON. I will be glad to have him, sir.

Senator PEPPER. Pardon me, Senator Millikin, do you have any questions?

Senator MILLIKIN. No, thank you, Senator.

Dr. WEBER. I want to ask you about your proposal for wage-stabilization agreements to cover entire industries.

Mr. HARRISON. Yes.

Dr. WEBER. Was that discussed at the meeting between management and labor and the O. D. T.?

Mr. HARRISON. No—well, there is a long story about that and the committee has not the time to hear that, I know; but we have had difficulties with the O. D. T. in getting a labor-management committee established, and we have been trying ever since the Office was set up by the Government to get such an organization of contact and discussion, and just about 2 weeks ago we finally organized such a com-

mittee. We will hold our first meeting on the 23d of this month, that is, Monday before Thanksgiving, and labor has proposed that manpower be the only item on the agenda.

Now, I do not know what the other two groups, O. D. T. and management, will propose, but we finally got the committee, consisting of six railroad presidents, six labor representatives, Mr. Robertson, Mr. Jewell, myself, and three others for our labor group, who are on that committee.

Senator PEPPER. Excuse me just a minute. The initiative, now, for setting up that organization came from the unions?

Mr. HARRISON. Absolutely, and we have been quarreling with Mr. Eastman, and I went to the White House and discussed it with the President, and he went after Mr. Eastman, but they did not want any labor influence in O. D. T. It is the rottenest set-up in the country, from the standpoint of participation of labor.

Now, we think we are pretty decent people, and we think our record warrants better consideration than that. Thus far, we have lost not a single man-hour by railroad strike, and that has been the record since 1922, with one or two very minor exceptions, and we are not going to lose any more man-hours for the duration of the war because we are going to win the war; we have got to do it.

Dr. WEBER. I wanted to ask about the wages for track workers.

Mr. HARRISON. They are a disgrace and a hangover from the old economic era when men were seeking jobs, and the railroads have tried to preserve them.

Our minimum, for what we call class I railroads, is 46 cents an hour, and for class II and III railroads, the minimum is 43 cents an hour, and it goes up to certain railroads in certain localities, to somewhere around 50 cents, but that is the exception. The predominant group gets the minimum wage.

Now, that is the reason you cannot get track labor. You take my men handling freight in Los Angeles and San Francisco, where it is a very vital military operation, loading those supplies, as you know, to our military organization in foreign lands. We get a wage scale of 67 cents an hour, and you can walk across the street to the shipyard and get 88 cents an hour for putting a little gadget on a ship.

The wife of one of my general chairmen, which position is comparable to a business agent, has been a housewife for 27 years, and he was recently out of town attending a meeting of all of the railroad representatives in the Nation, discussing these and other matters, and when he got home his wife said, "Dad, I went to work while you were gone," and he said, "What in the name of God are you doing?" and she said, "Well, putting some gadget on the ships, and I am getting 88 cents an hour."

How the devil can you hire a freight handler for 46 and 56 cents an hour, when you can walk across the street and get 88 cents an hour and 90 cents an hour?

Now, the cost of living has changed for our people just like other conditions, and that is another stumbling block, and we feel that if they got rid of those depression-era wages, we could not have any problems.

Another problem is this: Railroad workers are not subject to the maximum-hours provision of the minimum-wage and maximum-hours

law under the Fair Labor Standards Act. Consequently, we do not get time and a half, generally speaking, until after 48 hours. Now, you take these other men, who work on straight time plus time and a half after 40 hours, and double after 48, and if they worked on a 7-day week you can see what a difference it would make. There is an incentive in these conditions and you can see it makes a wide difference between our industry and other industries.

Now, here is another reason: We have been told by the Federal Housing Administration that we are not an essential war industry and our people were being put out of their homes and war workers are being moved in, and we cannot find any place for our people to live, and we cannot buy any of these F. H. A. houses because they say we are not engaged in a war industry. Can you imagine that—a department of the Government saying we are not a war industry?

In the name of common sense, you cannot carry on a war today if you do not have transportation. You could not keep or get your troops together, intact, you could not get them from one point to another, you could not supply them when they had reached that point if it were not for transportation. Transportation today is one of the most vital bodies in the carrying on of the war, anyone with common sense can see that, and yet they still rule that we are not a war industry.

Well, I am arguing with the F. H. A. about that now, because my people have not any place to live in, in a good many cities.

Senator PEPPER. Mr. Harrison, does it seem reasonable to you to have to go to so many agencies in order to get a decision?

Mr. HARRISON. I don't know just what to say to that, Senator.

Senator PEPPER. I mean, should not a single agency deal with the over-all question of manpower and that housing would come under that?

Mr. HARRISON. Yes, sir; it ought to be said that that is a war manpower problem.

Senator PEPPER. And that one over-all agency could certify to the Federal Housing Administration, or whoever is going to do the handling of the houses, as to the relative relationship of the manpower components of industries?

Mr. HARRISON. Yes, sir.

Now, I have been trying to get a definite ruling after a period of 2 or 3 months on this question of housing because cold weather is coming on, and we have not been allowed to buy the F. H. A. houses on the market.

Dr. WEBER. You are proposing that you have a wage stabilization by industries, in relation to each other?

Mr. HARRISON. Yes, sir; I would take a broad classification of industry. For instance, like shipbuilding, you have the stabilization agreement there. I would take the broad classification of industry where they are building various types of mechanized equipment for the Army, and I would have a broad stabilization there, or some fixing of the wage scale, and I would only take, however, such vital war industries as was necessary to avoid the shifting of labor in those vital industries. Now, vital industries will change as our fortunes

and the nature of our war advances, or as time advances, and the nature of our war changes.

When we get to the maximum of our strength, of our striking power, or need more equipment, our need for equipment will undoubtedly be a little different than it is now.

Dr. WEBER. Mr. Lahrsen previously testified before the committee that the wage for track workers could only be understood in relation to the commissary charges of the various railroads.

Mr. HARRISON. Well, in a general way I know about that situation, but I would not like to make any detailed statement on it.

Now, that is a rotten system that ought to be abandoned. Out on the Southern Pacific Railroad, they have a commissary contract, and some of the railroad officials, I understand, are interested in that contract. I understand that you go to work on the section and you have to buy at the commissary and you have to pay exorbitant prices, and when you get paid, the only thing you have left is the receipt by the commissary showing that you have paid for your stores that you have bought during the month. That is the sort of thing that ought to be prohibited. It is a disgrace. That is the way that they are exploiting the track laborers out there and how can they expect anyone to go to work for that type of wages, considering, even, that they are willing to help with the war effort?

Dr. WEBER. And the only demand that you know of from management for freezing wages, among railroads, is—

Mr. HARRISON. The only management I know of that made any demand for freezing of track labor is the Southern Pacific management, and they made a request to the Manpower Commission, or O. D. T.—O. D. T., I believe—and the Manpower Commission called a conference at Chicago 2 weeks ago last Sunday—I will check the date and let you have it later—and they proposed to freeze those section men in 12 western States on all railroads, on their jobs.

Now, we know what would have happened if they had succeeded in doing that. There would have been such an outgoing parade from our industry that you would not have had any railroad service. They would just leave by the thousands to keep the authorities from freezing their jobs.

If you want to kill transportation, start out here to freeze some job, sometime, and you will see how quick the rest will beat it and leave the industry. It just cannot be done that way.

Senator PEPPER. Mr. Harrison, we certainly are indebted to you for this splendid contribution you have made. It exhibits the kind of statement that we are proud to have from any, and especially from labor, and is typical of the cooperation we have had from labor and the conscientious thought they have given to the matter.

Mr. HARRISON. Your generosity is only exceeded by the time I have consumed.

Senator PEPPER. You are most welcome, sir, and the time is well spent.

All right, Mr. Jewell, I think you are elected to speak next.

Mr. Jewell, will you please state your name, address, and official capacity in which you come before the subcommittee?

STATEMENT OF B. M. JEWELL, PRESIDENT OF THE RAILWAY EMPLOYEES DEPARTMENT OF THE AMERICAN FEDERATION OF LABOR

Mr. JEWELL. My name is B. M. Jewell. Our office address is 844 Rush Street, Chicago, Ill. I am president of the Railway Employees Department of the American Federation of Labor, which is a federation of seven international organizations who represent workers in substantially every industry where metal work, generally, is done, and metal material is handled. Our department has to do with the representation of those members of the organizations who are employed in the railroad industry, under an executive council, who are composed of the international presidents of those seven organizations.

I, as president of the department, have the general direction of what might be called the employee relations, employee-employer relations of men in the railroad industry in the United States and Canada engaged generally in the maintenance of and building and maintenance of the locomotives and cars and other equipment that we use in our railroad industry.

We have, at the moment, or rather in September, as reported, we had about 385,000 men engaged in that particular service on our railroads in this country, and we represent members similarly engaged on the railroads in Canada.

Now, as to my own experience with the industry and with this work, I began serving my apprenticeship as a railroad employee, as a railroad boilermaker, in 1900, and except for about 12 or 14 months intermittently, on two or three different occasions when I was furloughed because of reduction in business, my whole career and life has been devoted to railroad work.

Shortly after, and as soon as I was eligible, and the eligible period was after a year at that time, after my apprenticeship, I entered into the organization of my craft as a labor organization and have been a member ever since. I have been an officer in substantially all available capacities and offices of the organization, up to assistant of the international president of the organization, assigned during the last World War to handle work of the organization for him here in Washington, and in August 1918, I was appointed to the position I now hold and have been in that position since then, and as I said a moment ago, the general work is that of directing and aiding in the maintenance of employer or managerial-employee relations in our industry.

When we undertake to discuss the manpower problem, first, in our railroad industry, we have to think back to what we have had for the last 10 or 12 years, as represented by the depression that existed. I remember, for the sake of illustration, that in the last month in 1937, and the early months of 1938, certainly January and February and March, we had a very severe dip so that our railroad facilities have not been maintained in contemplation of any such volume of business as we now have.

Then, one of our first problems is to know, from some responsible agency of the Government, as to what amount of business, or what the load is that the railroad industry will have to carry as its contribution to the whole war effort.

Then, we have to have a perfect knowledge of the condition of our equipment available, the amount available, its condition and ability to do that job, and then a determination of the amount of additional equipment we have to have, and there comes the amount of material.

Well, in a war such as we are now in there is a total pool of material for all purposes. Somebody has to divide that material up, and so, the President has provided, as I understand it, that the Office of Defense Transportation will receive from our railroad industry our estimate of what we think we need to do the job that we understand we have to do. That is transmitted to the War Production Board, who finally determines how much we can have of the total that is available. When we get that material, we can break that down into man-hours of labor and man-hours of each type of craft of labor required to convert it into equipment.

Then we can begin to plan what we have to do.

Now, we have gone from, say, 1930, as late as 1937, 1938, 1939, and early 1940, from a large surplus of men furloughed, on our seniority list, waiting, subject to our call to return to work—to a condition today where substantially all of the men on the senior roster have been called back and are now in active service, or the rosters have been exhausted, or they have refused to return when called.

We are now working generally 48 hours a week in what we call our back shops where we are doing the heavy repair and building work. We have always worked 7 days a week, at least 8 hours a day, in our roundhouses and repair yards and the train yards, where the continuous service operations are involved. Well, back in 1938, 1939, and later than that, in 1940, we were working 36 and 40 hours a week. We had periodic furloughs all through those years, where all of the men in the shops, in a certain shop would be laid off, and there was much irregularity in the periods of labor, and at the same time, there was a whole lot of equipment waiting to be repaired, that needed repairs or rebuilding, but there was not sufficient business for it, that we could foresee, for the country, and the railroads said, based upon the amount of money that they could devote for bringing this equipment into proper and usable condition, that we could not work and build up this reservoir of equipment.

We were urging, for our organization naturally, that employment be regularized and the hours be increased to the maximum permitted by our agreement, or 48 hours a week on a straight-time basis, and there were some, of course, who, working 7 days a week and 8 hours a day, received time and a half for Sundays and all holidays, 32 Sundays and 7 holidays, but generally, the continuous-service operations operate on the basis of seven 8-hour days a week, straight time.

We made some progress in increasing the hours and gradually building up the equipment pool beyond the immediately foreseeable need of industry, in fact, the fact that it was done contributed very much to the general over-all picture that Mr. Harrison painted to you with respect to the increased demands that have come on the industry and the very large and unexpected increase in passenger business. Where we had been for years confronted with the constant deterioration in the total amount of passenger business, no great effort was put forth to increase the amount of passenger equipment

required and even to modernize and improve the equipment. The streamline train, you remember, only came into being not so many months ago, relatively speaking; whereas, there was a great opportunity, with money available and the requirement, based on business, to make improvements there.

Now, we do not think that there is any problem in our maintenance portion of this railroad industry that cannot be solved by the cooperation and joint action of management and railway labor organizations. If we get that help that we need from Government.

Now, I have indicated the first thing we need to know is what part of the job is, what we have to move in this war effort. We need to know how much material we can get to add to our equipment to do that job, and we need to know definitely what the amount of material is, we do not have to know for a year ahead, but we ought to know as far as 3 months in advance, and with 3 months' or 6 months' periods we can plan on that basis, so far as the shop men are concerned.

Now, our mechanics in our industry are men who have passed through a 4-year apprenticeship, as a rule starting with boys between the ages of 16 and 21, who serve that apprenticeship of 4 years, and a year is composed of 290 days, working days each year, and we do not give a credit for a year, on an apprenticeship, until they have worked 290 days.

Now, during those 4 years there is a schedule of moving those boys from job to job until at the end of the 4 years they are expected to be able to jump in and run any machine or do any mechanical job that can be produced in the shop, and a machinist produced, as I say, through that system is expected to be able to do all and any type of job that is required of a machinist in the railroad industry.

That same principle applies to apprenticeships in boilermakers, blacksmiths, sheet-metal workers, and in the electrical workers' craft and carmen's craft.

Railway shop laborers and power house employees are a little bit different.

The point I am making is that we have had a system established by agreement in our industry, to plan to meet future requirements of our industry. Generally, we would have one apprentice for each five mechanics employed, figuring on that percentage of turnover and separation for some reason or other, so that we have produced for industry, through the apprenticeship system, a sufficient number of mechanics to supply, and we have supplied, the needs of our industry on that basis.

After we saw that we were going to exhaust our seniority roster and that in 3 or 4 or 6 months we might have them exhausted, our organization proposed to managements that wherever there was a need for additional mechanics that could not be employed from other industries and could not be obtained through the usual employment methods, or not called back to their previous station or seniority in our industry, we suggested that we upgrade apprentices who had served down to as low as 2 years on their apprenticeship and pay them mechanics' rates of pay and regard them as mechanics. That would increase the number of apprentices we could have on call and we could fill the vacancies made by moving these apprentices up by getting other boys, and if that did not meet the requirements, then again, we could upgrade helpers

and helper assistants. The assistant is one who assists the mechanics, and we could upgrade those helpers who had at least 3 years' experience as helpers in their respective crafts, to mechanics' positions, and that would give us the opportunity to hire some more helpers and have them in training.

Now, our helpers are available through apprenticeships and they go through the same system of apprenticeship except that it is 3 years instead of 4 years, and then we can fill the helper vacancies with the proper proportion of car cleaners, who do the cleaning of our passenger cars, and with the promotion of shop laborers, who move the materials and place the materials and do the general labor work around the shops, around the mechanics, and who are generally familiar with the parts of the equipment we are engaged in building and repairing. They make good helpers with very little additional training at all.

We have met, so far, the labor requirements, the manpower requirements, of our part of the railway industry with those efforts. There is no substantial worth-while shortage now.

Under our arrangement and agreement with the railroads, we can work one, two, or three 8-hour shifts per day, all the way around the clock if necessary, on the straight-time basis. We have some two and some three 8-hour shifts in some of our railroad maintenance shops. We have the one, two, and three shifts, and have had it for 4 years, in the continuous-service operations in the roundhouses and repair shops and train yards, where the cars and locomotives are prepared and gone over for an immediate return trip, and that is a regular pool assignment.

We can increase hours in an emergency, to meet an emergency, if we were to be confronted with one, by going to 9 and 10 hours of work. That is being done on one or two railroads now, with time and a half for the ninth and tenth hours, in other words, for the hours over eight. That affords, of course considerable flexibility. We can put on the second and third shifts and that will afford additional flexibility in getting the men on the job, but our problem, Mr. Chairman, for our particular part of the industry, is not one of today, as I see it or as we see it, but one of next year, or the year after next.

We had available 16- to 20-year-old boys to train as apprentices. We would get 2 or 3 or 4 years out of him before he would go to the Army. Now they are going to draft the boys 18 and up, and that is all right; we are for that; there is no criticism as to that at all. It just simply changes the approach that we have to make to our problem of developing the all around journeyman mechanic.

Now, there is a training problem. The first thing we have to do is work out with management some method of training these apprentices who have not served or completed the apprenticeship; we have upgraded them, and we can upgrade the helpers who have not finished their apprenticeship, so that they will be available for the journeyman mechanics and not special machinists capable of doing just one job and therefore have general deterioration in the over-all skill of the group and a generally inflexible force, incapable of being moved from job to job and meeting the requirements of industry. We think we can work that problem out with the railroad management by an

agreement. We think, with the proper authorities alive to the situation, that there are two approaches to it: First, we can put on additional supervision so that we can give more supervision, more instruction, more advice, more help to those boys or helpers while on the job. We call that "additional on-the-job training." We can give additional off-job training through correspondence courses or through schoolroom training. We have done that in industry for years, it is not new, so that is one of the ways of setting down the matter and recognizing the problems. But where are we going to get the new men, when we are no longer able to use the boys of 16 to 18 years of age, who are being taken into the armed forces, or will be taken when they get to 18. That does not offer much of an opportunity to teach those boys and develop them into all around journeymen mechanics in that short period of time, so we are quite in accord with the general declaration of the association that Mr. Harrison presented to your committee, that we will have to approach the problem from the point of view of those who have reached the age somewhere around 35. We will have to take those men into the industry as mechanics and give them intensive on- and off-job training and make full-fledged mechanics out of them in less than 4 years, or in as short a time as possible to make an all around journeyman mechanic.

Now, we think that can be done. We believe that we will be able to work it out by consultation and cooperation and agreement with our railway managements, but there are many agencies of the Government that are doing this training work and we have to explore the matter with them, as to what service they can render to us to help.

We have in our industry set-up, under the Unemployment Insurance Act, an employment placement service that is under the direction of, and created by the law creating, the Railroad Retirement Board. That service ought to be integrated with and cooperate with the U. S. Employment Service. It ought to be used as the agency through whom the railroad industry will recruit the additional workers that we need to induct into our industry. That agency can do a better job of selecting the type of prospective workers, or candidates for employment, that can be developed into the kind of workers, the specially skilled workers particularly needed in our group, than can the U. S. Employment Service, who has to deal with and is naturally staffed and prepared to deal with all types of railroad unemployment insurance placement service and all types of employment placement, and it would be of invaluable assistance to have men on that board who have had railroad experience and know what is required in the way of special technique.

Now, we ought to recruit whatever we need through that service and have this intensified training program, have the over-all knowledge of what is required of us, and have it planned as far in advance as it is safe to plan, and we can plan it and we can do our job.

Now, some of the determination of the railroad workers, and of our group, to stay with our work and with the union as part of the job of winning the war, we think is indicated by a mere statement of the wages that obtain.

Our journeymen mechanics, produced through the long process of apprenticeship, are receiving generally 95 cents an hour. Your stabilization agreement for shipbuilders in the shipbuilding industry pro-

vides for \$1.20 an hour. Some of the people engaged in building ships are generally machinists, boilermakers, blacksmiths, electrical workers, and sheet-metal workers. Those are the people, the same type of people we train in our industry. When I was not engaged in the railroad industry as a workman at my trade, I worked in the shipbuilding industry. We have many boilermakers coming from the shipbuilding industry into our railroad industry, and from personal experience I know that I was able to adapt myself to the work required of the boilermakers in the shipbuilding industry much better than the boilermakers coming from the shipbuilding industry were able to adapt themselves to the requirements of the railroad industry, that is, of the railroad boilermakers.

I know that also from several years of experience in looking after the work and directing general labor relations of the boilermakers international organization, and also in the position I am now in.

The point I am making is that our railroad mechanics are as highly, or more highly, skilled than these shipworkers, and we are getting 95 cents an hour and they are getting \$1.20 an hour. Our people are staying in our industry to a very large, and to me surprising, extent. We have been pleading with them to stay, we have been urging them to accept the belief that we could get our railroad wages adjusted to meet the present-day requirements and that they were a hangover from the period of depression.

Our helpers get 62 to 73 cents an hour. Helpers get 90 cents to \$1.50 an hour in other industries, in the shipbuilding and in the building trades industries where stabilization agreements have been established.

The minimum rate of pay for our railroad laborers, shop laborers, roundhouse and powerhouse employees, is 46 cents an hour. It is 70 cents to \$1 an hour in other industries where you have the stabilization agreements.

Well, it seems to me that that presents two things: First, it indicates very definitely the determination of the railroad men to stay with their industry and make their contribution to the winning of this war and that it is their belief that that is the place where they can make the best contribution. It indicates further a confidence in their railroad labor organizations and their railroad labor management and the Government generally to see that the right thing is done with respect to their wages.

Senator PEPPER. Mr. Jewell, I am afraid that it illustrates also that the Government did not start soon enough, even if it has started now, keeping in view the over-all picture in the country and seeing to it that what was done had fair relationship to all aspects of the Nation's effort; in other words, try to see to it that one group by excessively pushing was not allowed, for example, to get into a position where it was disproportionate to others equally important in the national economy.

Mr. JEWELL. That may be, Senator, but my own and others' training generally causes me to try to reason a way to avoid the criticizing and finding fault, to try to see the problem as the other fellow saw it. We are plunged into this war with a population generally who wanted to stay out, wanted for years to stay out, and we hung back, we did not want to prepare. The leaders, many of the leaders of

the Government, wanted us to do much more than we did do, but we did not want to, and then, overnight, we are plunged into the war, and when that is done it presents a problem before the leaders of our Government. The men, what of them? They are determined to win this thing, of course, but how can they best be of service and how can their views be expressed—by a few representatives, a few officers of the Government—and what are the tools they have to work with? We have run this country from its several local points, and from the several local individuals widely scattered who control the leadership and influence through industry, and otherwise the officers of our Federal Government did not have, from my point of view, and could not have had any time to give thought to the tools to do the job with. The first job we had to do, undoubtedly, was to start production so as to supply our associates, the other United Nations which are fighting in the trenches and could not do the job of supplying themselves, so I suppose we had to have, by the officers of the Government, a determination of the first thing, so that that first thing would come first.

We have not probably done as good a job as we ought to have done, we undoubtedly have done as good a job as could be done, in the opinion of the men that have done it, because we cannot say that they are not loyal and cannot say that they are not as good American citizens as I am, or believe I am; but now that we are where we are, I hope that there is now time to sit down and work out a general over-all plan of the whole problem, and the elements composed in the problem, and if we can have some few Government officials speaking with full knowledge of what the problem is and prepared to tell us of the various segments of our country, its population, the citizenship who are dealing with the problem, what their part of the problem is, what the factors are that they need to solve of the problem, and if they lay down the old attitude, or the old threat of, "If you do not do it, I will see that it is ordered done"—if it is left to us individuals to do that job, as American citizens we will find a way to do the job.

I know we all believe that America will win the war, free labor will win the war, free Americans, but we have to have leadership.

Now, I can go back to my earlier experience in this: It is the job of a labor organization representative in our industry to persuade management, if we are going to get improved conditions for the people we represent, to persuade management to give us something now that they have that we do not have, and I found out a long time ago, if I go to the management with pleadings and asking for something on the one hand, and a club in the other hand, the mind of that individual, which may be open when I come in, sees that club perhaps, and that mind is immediately closed against me the minute they receive an indication that I have a club, so what I am trying to say is that there has been, and I hope that there will be, a discontinuance of it. These have been too many officers of the Government that have said, "This is the problem and if it cannot be solved by voluntary methods we will have to issue directives requiring that it be done."

We have had in our particular group of railroad employees some considerable number of years of experience with what we call union-

management cooperation, both in Canada and in this country, where every worker on the job we are performing works, and he will understand the part he is doing to win the war, the importance of it, and can be made to understand that it is the job, his job, to make every additional contribution he can make in every way, and through these union-management committees that Mr. Harrison speaks of, we will tap the reservoir of knowledge and experience of every worker on the job to find and suggest and develop ways to do that job and all other jobs closely related to his and which he is acquainted with better, so as to get a better and larger over-all production.

Our group, Mr. Chairman, are wholly in accord with the idea and with the belief, out of our years of experience, that management and labor, properly advised as to what the problem is, properly cooperating with the aid and assistance of Government where needed, where it can be of assistance and where we can have Government come to aid when we need that aid—we have no idea that the Government would be meddling with us at all, but with the proper cooperation of the three groups thus indicated, this job can be done without any national service legislation.

I am not competent to discuss and I am not going to undertake to discuss any general reorganization of Government agencies, but if it is necessary, apparently we have recognized that it is necessary, to have centralization of authority, or of responsibility of effort, the performance of a job in the fight is going to be our portion of the war effort, and since the problems of production for war have their ramifications all through the activities of our people and our Nation, it seems to me that there has got to be some coordination of what you call the home-front activity as distinguished from the war-front activity, fighting-front activity—I am not criticizing, but there, again, I am saying that we have this job to do and we have done a wonderful job, as far as we have gone.

Senator PEPPER. Mr. Jewell, have you read the report of the Tolan committee?

Mr. JEWELL. Yes, sir; I have read it and have tried to understand it, but I am not sure I do, or that I am competent to understand it, but it lists, I believe, what seems to be wrong with us so far, and I may say that the general idea that there ought to be some planned coordination of the whole problem seems to be absolutely sound.

Senator PEPPER. Have you seen the bill that Mr. Tolan introduced in the House, and that Senator Kilgore and I introduced in the Senate, providing for a War Mobilization Board headed by a director, under which would be the War Production Board, the Office of Economic Stabilization, the Manpower Commission, and the Technical Mobilization Authority and the Service of Supplies, all operating under that central authority and in coordination with one another?

Mr. JEWELL. I have seen it, Senator, but I have not carefully read it, sir. However, it involves so many problems that I am not familiar with that it seems to me that if I were to undertake to present an opinion, I have to have more knowledge of some of the details of the plan, before going any further.

Senator PEPPER. You prefer to confine yourself to the statement of principles you have made that there undoubtedly was a need of cen-

tralization of authority and responsibility so that the civilian efforts would be mobilized and coordinated in the way that the military effort has been mobilized and coordinated by centralization of authority?

Mr. JEWELL. I think there is no question about that, and I think if we will do that on that basis, I believe that the American people can and will do that job voluntarily and that there will be no need for going any further with any talk of using force.

Thank you, sir.

Senator PEPPER. Thank you, Mr. Jewell. It is very good of you to give us your views.

May I say, before you leave, that Mr. Whitney is not here today but he has given us his response that he would be willing to appear. Before you gentlemen leave—Mr. Robertson, before you leave—I want to make this announcement; I want to say two things:

The first is that, as we all know, this is a subcommittee of the Senate Committee on Education and Labor. The general jurisdiction of this committee for a long time has been to deal with legislation affecting the subject of labor, with questions pertaining to the public health, and with questions relating to education, which includes vocational education and specialized training. It has also had to do with rehabilitation as an aspect of vocational education and public health.

It therefore seemed obvious to some of us who are members of the committee and that have, I may say, been supported very strongly by our distinguished chairman—when talk began to be current here about a national service act based upon the principle of compulsion—that there ought to be an opportunity to give to the people directly affected an opportunity to suggest something to the Congress, a way by which the same effective result, or a better result, could be obtained by cooperation.

Consequently, in spite of the fact that it was thought when we began these hearings that we might be trespassing in others' fields, or we might be going in where other committees, generally speaking, had already gone, it seemed to us that certainly in view of its general jurisdiction and experience and in view of the fact that the bill was to affect civilians and not soldiers and sailors, that it was the duty of this committee to proceed with the study of this perplexing problem, and I could not refrain from expressing the satisfaction that this subcommittee feels, at least, and I know it is shared by many other members of the committee, and certainly by the chairman, Senator Thomas—the satisfaction that we have experienced in receiving encouragement through the contributions from these intelligent organizations in solving this problem, and not only have we been able, I think, to point out through these investigations that have been so well covered here by the press, and the suggestions coming from the public that have been of such inestimable benefit, such as the thought directed not long ago, and brought out, whereby the potential shortage of doctors was discovered and the necessity for getting the fullest amount of data on so many different subjects so that we would know what the facts of the problem were, but the people of first responsibility in the ranks of labor who have come here in the last 2 weeks, first Mr. Green and Mr.

Murray, and Mr. Lührsen, then representatives of the Congress of Industrial Organizations, and then, now, the splendid representatives of the railway brotherhoods and the Railway Executives' Association, they come to us now, some of the top men in the American Federation of Labor, and I say that the character and the quality of the statements, and the earnestness of what has been said here by those men and by others, has in my opinion impressed the American public and I hope the American Congress, that we are going to approach this matter with an entirely different attitude, and I think that an idea, I prefer to say that an idea, has been making progress, and I hope we will have you gentlemen back with us again.

The committee will meet next on Thursday morning, at 10 a. m. (Whereupon, at 12:05 p. m., the committee adjourned until Thursday, November 12, 1942, at 10 a. m.)

INVESTIGATION OF MANPOWER RESOURCES

THURSDAY, NOVEMBER 12, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to adjournment, at 10 a. m., in room 210, Senate Office Building, Senator Claude Pepper (chairman of the subcommittee) presiding.

Present: Senators Pepper and Millikin.

Also present: Dr. F. P. Weber, special assistant to the committee. Senator PEPPER. Mr. Bates, please.

STATEMENT OF HARRY C. BATES, PRESIDENT, BRICKLAYERS, MASONS, AND PLASTERERS' INTERNATIONAL UNION, AND VICE PRESIDENT OF THE AMERICAN FEDERATION OF LABOR

Senator PEPPER. We are more than pleased to have you, Mr. Bates. You will state your name and address, please.

Mr. BATES. Harry T. Bates, president, Bricklayers, Masons, and Plasterers' International Union. I am also vice president of the American Federation of Labor.

Senator PEPPER. What is your address?

Mr. BATES. 815 Fifteenth Street NW., Washington.

Senator PEPPER. Mr. Bates, we would appreciate your giving any statement that you would care to make on the question of manpower or the mobilization of our civilian economy for the effective conduct of the war.

Mr. BATES. Senator, I read the testimony given before the committee by President Green, and in the main I support the position taken by him on this question. I want to vigorously protest against the passage of any law that will freeze the worker in his job. I think that it is manifestly unfair that a worker would be frozen in his job and his employer be allowed to make a profit off of his services. If you are going to freeze the worker in his job, then you must deprive the employer of any profit from the service of the worker who is frozen in his job.

I do not think at this time there is any necessity for the passage of any such a law. I think there is sufficient manpower at the present to take care of the present needs, from investigations that were made, and if those that are unemployed are sent to the places where they can secure employment.

I am conversant, of course, with the question of employment in the construction industry, and I want to advise your committee that at the present time there are thousands of building trades workers unem-

ployed in New York City, in many of the cities in the New England States, and in every locality in the country where there is not a war project, or some kind of a war plant located adjacent thereto. There has been a great demand made upon the services of building trades workers in different sections, and the building trades unions, without any cost to the Government or to the contractors, transported and made possible the manning of these jobs by having their members go from these unemployed areas to the sites of the jobs where their services were needed. No better example of that can be pointed out than the condition that exists at Las Vegas, Nev. At the present time, there are 900 bricklayers employed on that job, and all but, say, 20 have been sent to that operation from outside of Nevada. Upon the arrival at the job these men, along with the other 14 or 15 building trades workers employed, had to live in automobiles, hovels, tents, and in some instances have to drive as far as 20 or 30 miles to the job to find any kind of a place where they can live at all. Of course, it is unnecessary to advise you that under those conditions the charges made for rooms for people to live in are way higher than would occur under normal conditions. When I point out the number of bricklayers employed on this job, I do so with the thought in mind that you will realize that in peacetimes there would hardly be an operation built over the period of 25 years that would take care of over 250 bricklayers at one time.

Now, we have several other war plants in different sections of the country where 750 or 800 of our bricklayers are employed which will show you the size of these operations, but with the stoppage of private construction throughout the United States, it has thrown out of employment thousands of building trades workers who normally have built small homes and have done the building in their communities. These men are men that have homes, they are men up in age, they have families, they have children, and it is very hard for those men to pull up overnight and leave their homes and their children, and go 300 or 400 miles to work where their services are needed, at a time when they are confronted with the lack of gasoline, and they are confronted with the fear that if they get away from home they will not be able to get back, because of lack of tires, gasoline, and so forth.

Now, within a year or year and a half at the most, all of this large construction work will have been completed, because all work being permitted now is work that is classified as absolutely necessary for the successful conduct of the war, and for the buildings, the camps, and plants to be utilized for war purposes they must be completed, of course, in the shortest possible time. Therefore, it is natural to assume that within 6 months there will be a gradual falling off of employment in the building industry which will, you might say, increase unemployment in the building industry possibly by an extra million, and when these war plants are completed, these factories and ammunition plants are completed, on account of the scarcity of steel, unless the policy of the War Production is changed, all of these millions of building trades workers will be thrown out of employment, and they will have to be given an opportunity to work in some other industry. If that situation arises, which is inevitable, then there should be some plan devised by the Manpower Commission, or some commission similar to the one you desire to set up in your bill, to make it possible for these

workers to be transferred to the areas where their services are needed, without expense to themselves; so that they can assist in the war program where their services are needed and, at the same time, not bring about a condition of unemployment in the building industry that confronted the workers during the 1930's.

I do not know that I am an authority on the unemployment conditions in other industries to the extent that I would care to touch upon it, but I want to say you take the marble setter, the terrazzo worker, the mosaic worker, the plasterer, stone cutter, granite cutter, and all of the workers that follow those trades and similar trades, they are absolutely denied opportunity of employment at their trades now, due to the building of certain types of structures in connection with the war program. Thousands of these workers are following other lines of work, such as helpers in navy yards, or the plasterer who leaves his home and goes from New York to New Orleans to be a pipe cutter in a shipyard or in a plant where his services are needed, or the terrazzo worker, the marble worker who goes to the nearest camp in his area and goes as a cement finisher, or whatever work in the building trades that he can do.

I am of the opinion that there should be a survey made of the available unemployed manpower now in these areas that are remote from where war work is located, and that some way be devised to help the unemployed worker defray the expense of going and coming to the spot where his services are needed.

I do not think there is any need or necessity at this time for the Congress to pass any law that freezes the worker in his job. That is about all I have to say, Senator.

Senator MILLIKIN. I would like to ask a question.

Senator PEPPER. Senator Millikin.

Senator MILLIKIN. Can you give an estimate of the number of men in this class who are unemployed at the present time?

Mr. BATES. I do not know whether I can give you the estimate of the number of men. There are approximately 1,900,000 people that are employed in the building industry at the present time. The membership of the building trades organizations comprises at this time about 1,800,000 workers. So, it is natural to assume that the number of unemployed workers in those trades in which their services are not required around these war plants would amount to three or four hundred thousand throughout the United States.

Senator MILLIKIN. Is there any especially large concentration of them at any particular points?

Mr. BATES. There is a large number of unemployed workers in New York City, and in all of the New England States and all the northern tier of States, and, in fact, in any section in Pennsylvania that is 100 miles away from one of these large, what we call, war plants. There is no employment for any of those men in the construction industry in their home towns, there is no employment at all; it has all been stopped. There is a recent order by the War Production Board that stopped hundreds of projects that were formerly listed as necessary projects, such as hospitals, schools, and so forth. Those projects have been stopped now because of the necessity of scarce metals for war plants.

Senator PEPPER. Mr. Weber.

Dr. WEBER. Mr. Bates, I would like to have your comment on the period of camp construction when a tremendous number of construction workers were shifting to the centers of camp construction. How was that shifting guided, or was it on an individual basis?

Mr. BATES. No. Take the building of the project at Corpus Christi as an example. During normal times there would maybe be 500 building trades workers in the area that could supply Corpus Christi, and at the peak of employment there on that post there were approximately, I suppose, over 12,000 building trades workers employed. The contractors there dealt with the unions, and these unions had the information conveyed to their subordinate unions located in areas as far away as Chicago, St. Louis, Kansas City, and all through the Mississippi Valley, that were called for the services of their men in Corpus Christi, and, of course, they loaded them up in their jalopies, 3 or 5 of them, and they went to the job. That is the condition that applies at the camps, or at any of these jobs where the services of thousands of men are required. The unions are advised as to the number of men needed and the information is conveyed to their organizations and the men are transported to the jobs.

Dr. WEBER. So that during this camp program when there were tremendous demands made for building trades workers, in many cases, at isolated spots, the labor was made available because of the working relationships between the union and contractors?

Mr. BATES. That is correct.

Dr. WEBER. Now, would the Employment Service enter this picture?

Mr. BATES. Well, there was, in the main, close cooperation between the Employment Service and the unions. If the contractor elected to have the men referred to the job through the Employment Service, and it was a union contractor, the union cooperated with the Employment Service locally and arranged for the men to be referred to the job by the Employment Service, and when the men would be brought in from the other areas, the union would pass them on to the Employment Service, and the Employment Service would give the employment card direct to the men, or if the contractor called for, say, 100 bricklayers, 100 employment slips would be made out and the business agents of the union would cooperate with the Employment Service in giving the men the jobs, without causing a delay for a day or two to clear through the Employment Service.

Dr. WEBER. Would you estimate the number of building trades workers that moved from where they were to areas of construction during that big construction period?

Mr. BATES. I do not think I could make a very good estimate of that because of the fact that the worker might have moved several times.

Dr. WEBER. That is, the most mobile section of the Nation's labor force during the past 2 years has been the construction worker moving from one project to another?

Mr. BATES. That is correct. If a plumber moved into Camp Lannon, his services might be required for 3 or 4 months, and hundreds of plumbers were sent from New York. They would work 3 months or 4 months and then as soon as they commenced laying off men they would go either by train or their cars to another project located maybe 500 miles away to secure work.

Dr. WEBER. So many of the workers during the last year and a half have been on as many as half a dozen construction projects from one end of the country to the other?

Mr. BATES. That is right.

Dr. WEBER. Their movement has been at their own expense primarily, has it not?

Mr. BATES. Practically in every instance. In one or two instances, I believe the contractor, as for instance the contractor running the Las Vegas job, allowed \$16 transportation money for bricklayers that reported to that job. If the men came from New York, why, their railroad fare may have been around \$72, but they were allowed maybe \$16. If the worker did not have an understanding to that effect before he applied for the job, he would not get anything. That is a rare instance of where there was any cost of transportation defrayed by the contractor.

Dr. WEBER. Before the publication of contract awards was made a secret military matter, there was the tendency to advertise construction projects. For example, the one at Corpus Christi, I think had fairly wide advertising, throughout the Mississippi Valley at least. It was believed by some people that that advertising caused a rush of workers to the job, many more workers than could be handled or could be employed on the project. Did your union have any experience with that type of situation?

Mr. BATES. Well, we have definite information as to the approximate number of men needed on the job, and we did find on several jobs that requests for men would be in greater numbers than they actually needed on the job, and that on some jobs if it would require, say, 200 men ordinarily and we would send 200 men there, we had examples of those men working 5 or 6 days and being laid off, because of the fact they were unable to secure sufficient materials to keep the men employed, and the men had gone two or three hundred miles to work and they worked 5 days and were laid off and could not receive any return transportation or any compensation either for the expense of going to or from the job, and they had to go back home on their own expense. Of course, if you go to a community where the men have received that kind of treatment and you tell them about another job four or five hundred miles away, they hesitate to go there for fear they may work 2 or 3 weeks and then their services are dispensed with.

Dr. WEBER. That entire camp program, of course, is behind us. There is nothing we can do about the past, unfortunate as it may be, but in that building period there was the possibility of working out a definite system of planned transfer and movement of construction workers from those areas with a surplus to the projects where they were needed. Was any such a plan, a central clearing house for need as against supply, ever developed during that period?

Mr. BATES. No, sir.

Dr. WEBER. And now your union faces a time when large numbers of building trades workers will be unemployed. Is there today any plan for their transfer or training to centers of war work or for war work?

Mr. BATES. No definite plan that I know of. It is left up to the devices of the local union to try to find war work in which their unemployed members can be utilized.

Dr. WEBER. That is another way of saying that it is left to the individual worker to find work for himself, isn't it?

Mr. BATES. As far as the building trades workers are concerned, that is true. We hope when the building trades program is through that there will be an opportunity for employment of our men in shipyards and other war industries in which their services can be utilized.

Dr. WEBER. Well, we have here a predictable situation. We know that within 6 months there is going to be a very large proportion of these building trades workers who are unemployed or shortly thereafter will be unemployed. Now, are any plans being made for the transfer of these workers to the war jobs where they can be used, or any plans being made for the training of these workers so that they can transfer at the time when they become unemployed?

Mr. BATES. Not that I know of.

Dr. WEBER. Has your union presented this situation to the War Manpower Commission?

Mr. BATES. No; we have not.

Senator PEPPER. Has the War Manpower Commission contacted your union about this problem?

Mr. BATES. They have not, Senator.

Dr. WEBER. So that, now with gas and rubber shortages it becomes almost impossible for the individual worker to hunt a job, to shift from one job to another as he did during the period of camp construction, yet we have before us a predictable situation in which we know that in whole areas of the country there will be little or no employment for building trades workers, men that are skilled workers, and there is no plan for the transfer or training of those workers for war work at the present time. Would that be a fair statement?

Mr. BATES. No plans have been made for it at all.

Dr. WEBER. Have you had a chance to read the Tolan committee report?

Mr. BATES. No; I have not.

Dr. WEBER. Have you had time to consider the bill which has been introduced by Senators Kilgore and Pepper in the Senate?

Mr. BATES. I read the bill, but I will have to confess that I only received a copy the latter part of last week, and I have been on a couple of boards that deal with the wage questions in the building industry and my time has been so occupied that I am unable to discuss the general merits of that bill. From barely reading the measure, I think the Senator is trying to do something that will possibly stare off the necessity of any law to freeze the workers in industry. There should be some method whereby the Manpower Commission should, in conjunction with the representatives of labor and industry, devise ways and means to utilize all the manpower in this country, so that there would not be any necessity of freezing the worker in his present job and breaking down not only his morale but lessening the output of any industry in which that condition would apply.

Dr. WEBER. What you are proposing is, rather than freezing the building-trades worker at his present job, and what is needed, is to undertake a plan for the training and transfer of these workers to war work with the closing down of construction activities?

Mr. BATES. That will have to be done, because it is natural to assume if you stop the building construction you will bring about the same condition of employment that you had in the 1930's, that brought about the establishment of the W. P. A., because if the building-trades workers in a given area are out of employment, why, you can rest assured that thousands of other workers connected, directly or indirectly, with the building business would be out of employment, too; and it would bring conditions of unemployment in any area where building is stopped.

Dr. WEBER. Do you think that it is fairly definite that we are not going to expand construction in the future?

Mr. BATES. It seems to be definitely established in the minds of those in charge of the War Production Board that there is insufficient steel to permit of a normal amount of construction of plants in private industry.

Dr. WEBER. That is all, Senator.

Senator PEPPER. Mr. Bates, has it occurred to you that there was not quite the cohesion and tightness of organization in the whole civilian war effort that is necessary to get the best results?

Mr. BATES. Well, Senator, I would not want to find fault with the War Production Board and some of these agencies that are charged with the responsibility of carrying on this program. I might answer you "yes," but the work that these men have had to do has been such a great task that the chances are they have done the very best they could under the circumstances, most of them.

Senator PEPPER. I was not referring to what the men in charge of particular agencies have done. What I had in mind was whether or not the organization of the civilian war effort was such that the greatest efficiency was obtainable?

Mr. BATES. I think it has not been organized so you can obtain the greatest efficiency. I think there is a lot to be done.

Senator PEPPER. That is what we are getting at in these bills, is to provide essentially that. For example, I think it is said there are 25 different agencies of the Government that have to do with the question of manpower.

Mr. BATES. Yes.

Senator PEPPER. Obviously a division of authority and responsibility means the division of effort and lack of complete harmony of effort. We have many cases of where there is a manpower policy in the War Production Board, a manpower policy in the Service of Supply, a manpower policy, of course, in the Manpower Commission, and neither one of them has authority to carry out a Nation-wide manpower policy that all industry will have to observe.

Senator MILLIKIN. Mr. Bates, in your opinion, would the men in these crafts voluntarily learn a new skill, if necessary, so they can be converted into other lines of activity?

Mr. BATES. Senator, you can depend upon the workers in the building trades. If there is not any work in their trades for them they will work at anything, they will help to carry on the facilities of this war, they will do anything that they are given an opportunity to do where their services are needed.

Senator PEPPER. Mr. Bates, what is the average age of the workers, of the men in the building trades?

Mr. BATES. Now, I would not want to pass upon the average age of the workers in some of the other trades, but the average age in our union is about between 47 and 50, nearer to 50. That is due primarily to the 10 years of unemployment from 1929 to 1939. You know, up in the 1930's there were 20 workers to every job. During all that period of time there was no necessity of young men coming into the industry, and therefore the men that are in the industry are men that served their time and were well up in middle age, in the 30's. We have all the apprentices now indentured that the industry can take care of, and with the change in the type of construction of buildings, why, it is reasonable to assume that even during normal times in the future there will never be a demand for the services of bricklayers in the number that there was back from 1923 to 1928 or 1929.

Senator PEPPER. Thank you very much Mr. Bates. We appreciate your coming here.

Mr. BATES. Thank you, sir.

STATEMENT OF HARVEY W. BROWN, PRESIDENT, INTERNATIONAL ASSOCIATION OF MACHINISTS

Senator PEPPER. Will you state your name, your address and the capacity in which you come, Mr. Brown, if you will?

Mr. BROWN. Harvey W. Brown. International president, International Association of Machinists, Machinists Building, Washington, D. C.

Senator PEPPER. All right, Mr. Brown, you may proceed.

Mr. BROWN. Mr. Chairman and members of the committee, in response to your request to appear here to make a statement, I wish to present the following on behalf of my associates and myself, and the membership of the International Association of Machinists.

The International Association of Machinists contends that freezing of workers to their jobs at this time would be unwise and indeed an unrealistic attempt to dispose of the manpower problem without solving the many problems which have caused the condition which freezing is supposed to correct. Our organization is in accord with the position of the American Federation of Labor as expressed by President Green to this subcommittee. When all manpower surpluses are absorbed and when war production is organized to anticipate its needs we stand ready to help develop the regulations to govern the movement of workers from less essential to the more essential jobs.

There are still substantially in excess of 2,000,000 unemployed workers in our country, or workers who are engaged on work relief or W. P. A. projects. This idle manpower should be mobilized and absorbed in our war production effort.

As President Green pointed out to the subcommittee, there are close to 30,000,000 women who are not employed except as homemakers in their own homes and more than half of these fall within the vital age groups of 20 to 44 years. Comprehensive information should be developed and tabulated with regard to the work skills of this womanpower and the tabulation of the questionnaires already on hand from men between the ages of 20 and 65 should be speeded to a conclusion. In order that any intelligent planning may be done it is first impera-

tive that we know the full facts concerning available man and woman power and what work skills these groups possess.

It is clear that as the demands of our armed forces grow and as more men are called from bench and work shop and farm from combat duty, their places must be filled principally from the reserve womanpower of this Nation and from among the older and superannuated men who are not fit for military service.

It seems to us basic also that as production in certain consumer goods industries is stopped or drastically curtailed, planning should be done so that the workers in such industries and the skills which they have acquired may be speedily directed into the most essential war production.

Conversion of consumer goods plants to war production should be planned and worked out in such a way as to waste the least possible number of the work hours of either such plant's vital machine tools or vital machine tool operators. In all too many instances that have come to our attention conversion to war work by plants which have been subject to curtailment orders on their normal consumer goods products has been all too slow and wasteful. Some employers appear to hang on to their consumer goods production until the last possible moment in the hope that they may succeed in obtaining extensions to allow a continued manufacture of such product or increases in the amount of raw materials allowed them for such continued manufacture. I do not desire to discuss specific situations of this type at the present time. Those which we have encountered we are attempting to solve through the medium of collective bargaining and, in some instances, with the assistance of the War Production Board, the War Labor Board, and other Government departments and agencies.

While on the subject of the loss of precious man- and machine-hours in plants which are all too slow—yes; and in some instances, none too willing—to convert to war production, I would like to comment briefly on what appears to be the failure of some of the newly constructed war plants to get going on the war work which they were set up and equipped to do.

Reports frequently come to my attention from our membership and field staff advising that such and such a plant, although employing large numbers of workers, is still, sometimes after several months, not producing its allotment of vital war materials. One such specific case of this type which was brought to my attention was of such a nature as to impel me to bring the same to the attention of the War Production Board. This deals with the Consolidated Aircraft Corporation plant—Government owned, privately operated—at Fort Worth, Tex. Our members employed in this plant have signed sworn affidavits alleging that the plant is overloaded with workers and that the workers are instructed to "fake" an appearance of being busy and that inefficiency and waste are widespread in the plant. These affidavits have all been turned over to the War Production Board with the urgent request that that Board make an exhaustive investigation. For example, one of the affidavit signers who declares that he has been employed at the plant for 6½ months, states:

Never in all my life have I seen so little production and so much waste for a plant that is vital to our effort. Neither have I ever seen so much dissatisfaction

among men and women, due to the fact that foremen jump on them about not working when they have nothing to do. Cannot something be done about this? If not, we might as well quit and go back to our original jobs or back on the farm, where we would be of better help to the boys on our front lines.

Another worker in this plant asserted under oath that—

In order to deceive the President of the United States on his visit to this plant, they flew in several bombers from somewhere to make it look like they came off our assembly line. The bombers were taken out of the plant the day after the President's visit.

I mention this as an example of waste of available manpower and machine-hours. If such instances of mismanagement could be eliminated our total manpower needs would be improved to that extent. One of these Consolidated workers, for example, stated under oath in his affidavit:

Our work consists mostly of putting something on and someone else taking it off so you can put it back on. I have worked for 50 days but did not do 6 days' work.

Reports of similar situations in other plants have been brought to my attention but until we have investigated and obtained signed affidavits, I do not desire to comment on such other instances of manpower waste at this time.

We are in basic accord with the statements of President Green to the effect that there is a need for a responsible top board with authority extending to all the coordinated Government agencies. The basic reorganization proposed in bill S. 2871 would create the necessary over-all agency which is needed to coordinate our industrial war effort.

Senator PEPPER. Let me interrupt you, Mr. Brown.

Bill S. 2871, to which you refer, is the bill introduced by Senator Kilgore and myself, growing out of the investigations and recommendations of the Tolson committee and is concerned with accomplishing this over-all supervision to which you refer.

Mr. BROWN. Yes.

Senator PEPPER. Thank you.

Mr. BROWN. I wish to suggest, if it is permissible, that following the number of the bill I should have inserted the introducers of the bill.

When we have adequate and efficient planning of our supplies and material production we then must also plan for the necessary workers, and when all available sources of manpower are absorbed, and the machinery of the labor market is organized for efficient operation, and when our war production is organized to anticipate its needs, our organization joins with the American Federation of Labor in standing ready to help to develop the necessary regulations and rules to govern the shifting of workers from less essential to more essential work.

We are in complete accord with President Green's remarks to the effect that when the Government takes on itself the responsibility of directing workers to certain jobs which they must take, then the Government must be prepared first of all to assure these workers that their employers are not to be allowed to make private profit at the workers' expense. Any suspension of workers' rights to freedom to make their own decisions with regard to employment must of neces-

sity assure to them fair and equitable treatment on the job at which they must work. If and when we reach the day when we have absorbed all available unemployed workers and employable persons not now in the labor market, and when we have through proper planning and direction, reached the point where we are making use of present manpower and machine power; and when we have stopped the present leaks in our war production which are caused by improper management and improper planning, then morale of our entire citizenry will be high. If it then becomes necessary to work out a program of shifting workers into the more essential jobs, we will stand ready to assist. Again I repeat, however, that, as President Green so aptly put it before your committee—

if the worker is frozen to his job, denied the right to improve his standard of life and living by securing work at higher wages when opportunity presents itself, management and the owners of industry should forgo the right to profit from the earnings of such worker.

Senator PEPPER. Senator Millikin, have you any questions?

Senator MILLIKIN. I should like to ask Mr. Brown this question: Could you estimate how many machinists are in war work and how many are in nonwar work?

Of course, I realize those are rough categories, and your answer would be a rough approximation, but if you can give it to us, I would appreciate it.

Mr. BROWN. It will be very rough. We have approximately 450,000 members, and I would say that including members working in the railroad industry, which is essential to our war economy, that 400,000 of that number are engaged in the war effort, and that would represent less than half of the machinists in this country. I feel it would be a mistake for me even to guess, because it is so difficult. When you use the term "machinists," if you refer to journeymen, oh, maybe 10,000. That may be very low.

Senator MILLIKIN. Ten thousand in what category?

Mr. BROWN. Journeymen machinists and toolmakers. If you refer to machine-shop workers, whom we designate as specialists and production workers, there is, perhaps, oh, from 75,000 to 100,000, and maybe far in excess of that, who are now producing consumer goods or civilian goods, that, if need be, could be transferred. Again, I say my figures are simply a haphazard guess.

Senator MILLIKIN. Would the situation of the machinists in that general classification be improved had there been a more intelligent subcontracting of war work out over the country into smaller businesses?

Mr. BROWN. Positively, yes. I believe there has not been sufficient done in the work of bringing the jobs to the men rather than taking the men to the jobs because men do not like to break their home ties.

Senator MILLIKIN. That is the thought that was in my mind. As to this aircraft company down in Texas, is that an open shop or closed shop?

Mr. BROWN. There is no agreement there. There are no contractual relations there, and for this reason: There is a Government policy applied to Government-owned or privately operated plants that provides that, notwithstanding the worker's fundamental right under the National Labor Relations Act, he is denied the bargaining agency until

the employer has employed at least one-half of the estimated complement of employees.

By way of further explaining that situation at Fort Worth, when they opened up that plant, I think it was about 10 months ago, they transferred several hundred of our members from San Diego, where they were working for the Consolidated Aircraft Co., and working under an agreement. Those members were transferred there to serve as learners, and later on some to enter the supervision class. It is estimated that plant will employ about 24,000 people. They haven't anywhere near half of that there yet, but our membership there today, with others who have signed authorization cards bearing, oh, in excess of 2,500, are denied the right of a bargaining agency because the management has not yet employed one-half of the estimated complement of those employees. Personally, I think that that arrangement is unsound and unfair and contrary to the worker's rights given to him under the National Labor Relations Act.

If I may, I might further comment on that question in this manner: It is possible that a great many of workers that are going to be brought into that plant, where the workers at present are denied the right of a bargaining agency, are coming from plants where they are now enjoying a bargaining agency, but these people at Fort Worth are denied that right until management can bring them in there, and after they bring in a sufficient number where they would have at least one-half of the complement of the estimated employed personnel, then before the organization can show that they have more than 50 percent of the members, or those who signify their willingness to join the organization through an authorization, then the Government will give the green light to management to sit down at the conference table and negotiate an agreement. Furthermore, in the light of the information we have received from Fort Worth, there is tremendous dissatisfaction because of being denied that right. It affects the morale of the workers. They cannot produce quantity and quality, in my opinion, as long as they are working under that mental strain and have that dissatisfaction.

Senator MILLIKIN. Have there been any strikes in that plant?

Mr. BROWN. No. There have been at least two threats, but in each instance our representatives warned them under no conditions, regardless of what the complaint is, suspension of the work is not the answer during the period of the war to adjust differences. They must utilize the machinery made available by the Government to explore and adjudicate any differences that may arise.

Senator MILLIKIN. I assume the younger men in your craft are largely in the Army and that that leaves you the older men, ranging from early middle age to old men. Do you anticipate any particular trouble in shifting those men into new types of employment, if it should be necessary?

Mr. BROWN. I think there will be; yes. I do not think men who are shifted against their will are going to be able to apply themselves and concentrate on the job they are applied to. While a number of our younger people have been inducted into the Army, yet I believe there is a lesser percentage of our younger people in the Army today than you will find in any other industry, and that is because of the strategic position that the machine-shop employees occupy in producing the needs of the armed forces.

There is a tremendous turn-over in labor on the west coast in the aircraft plants, and that is because of the differential in the wage rate as applying to the learners in the aircraft plants and the rate applying to learners in the shipyards. I received a letter yesterday and it gives figures that I cannot believe. The writer contends that in the Boeing Aircraft Co. within the last year the turn-over has been in excess of 75 percent. It is hard to believe that, but I do know that there is a tremendous movement of the workers in the aircraft plants who move from their plants to shipyards. In my opinion, the answer is make the employment standards as inviting in the aircraft plants as they are in the shipyards, and your men will stay there.

Senator MILLIKIN. Do your men work well with the women?

Mr. BROWN. Yes; the doors of our organization have been open to women for over 30 years.

Senator MILLIKIN. That is interesting.

Senator PEPPER. Mr. Brown, you made a very fine statement. Do you have any questions, Mr. Weber?

Dr. WEBER. Yes; I have a few questions. Would you advocate stabilizing wages on the basis of entire industries and then balancing of these stabilized wages between various industry groups? That is, we have a stabilization agreement in shipbuilding. We haven't got one in aircraft, and we have the differential of wages there leading to movement of workers from one industry to the other.

Mr. BROWN. Yes.

Dr. WEBER. A movement which is not productive in itself. Would you advocate that the essential war industries shall each have a wage stabilization agreement, and that these stabilized wages bear a balanced relationship to each other by industries, in order to prevent the shifting between industries?

Mr. BROWN. We have been working to that end, to bring about uniformity in wage rate and working standards in the entire aircraft industry. There was a conference held on the Pacific coast some months ago, a stabilization conference, and possibly you may recall that due to the interference of Mr. Henderson the conference broke up. They since then have resumed their conference, and I understand that the net result of the conference will, within a few weeks, be presented to the War Labor Board. The high spots in that conference were to try to bring about uniformity with respect to wages and many other conditions that the workers think are very essential and very important in connection with their work.

Senator PEPPER. I would like to ask you this question: You have found, then, from your experience, that it is in the interest of the prosecution, in the interest of the efficient prosecution, of the war, that there be closer, more effective, and tighter organizational effort, organization of the administration of the war effort in Washington and from Washington, and that if some such an over-all and tightly coordinated plan as is proposed in the bill to which you refer were enacted, that that would give greater efficiency in the war effort and would make less likely the sort of things that you describe in the Texas plant?

Mr. BROWN. Positively. That is our position.

Senator PEPPER. We are very much obliged to you, Mr. Brown. You have been very helpful to us in what you have said.

Dr. Weber will ask you some questions.

We will not have a session this afternoon, and we will give further notice. The next session will probably be the first day of next week—Monday.

Dr. WEBER. I believe you mentioned the number of machinists that were employed in civilian consumer goods industries, but you said that you were uncertain as to what the real number was that was so employed. Is there any Federal agency that does know what the distribution of machinists is at the present time by the type of product that they are producing?

Mr. BROWN. I could not name one. If I may, I would say that in the light of your question I think there has been a tremendous negligence on the part of some people in our Government in that that kind of survey has not been made long ago.

Dr. WEBER. Well, of all of the industrial workers in the country the machine tool worker is probably the most vital, so that if we were to develop upgrading, training policies, one would think that we would begin with policies in relation to machine tool workers, and yet you are telling the committee that there is no one in Washington that has an adequate inventory of machine tool workers today.

Mr. BROWN. You mean machine tool operators?

Dr. WEBER. That is right.

Mr. BROWN. I say I do not know of any agency that has that statistical information. It may be available, but not that I know of. I do understand, however, that the agency selected on that—I think it is called the Smaller War Plants Corporation—

Dr. WEBER. The Smaller War Plants Corporations.

Mr. BROWN. I understand they are working in that direction, although I am not certain. I would imagine they would be, because their task is to convert the smaller plants from civilian goods to our war needs.

Dr. WEBER. Is there any training program which the Federal Government sponsors in the field of machinists that you are familiar with, other than the apprenticeship program?

Mr. BROWN. That is all, excepting in some communities they are engaged in what we term "in-plant training." That takes the place of an activity that was carried on, I believe, by the N. Y. A. training people in vocational schools, and after they were released they were transferred to work which had no relation to the work that they were trained for in the N. Y. A. But in a number of communities they are training workers in plants other than through the apprenticeship system.

I might add to that, in the railroad industry, due to the scarcity of journeymen railroad machinists, we have negotiated arrangements with management which provide for a stepping-up of apprentices who have had 2 years' training into the journeymen class, and stepping up helpers who have had 3 years' experience into the journeymen class. We made that contribution in the interest of supplying an adequate employee personnel for the shops in the railroad industry.

Dr. WEBER. Your union is willing to cooperate with any plan for the dilution of skills and upgrading of workers?

Mr. BROWN. Yes.

Dr. WEBER. And you have done it already in the railroad industry? Mr. BROWN. Yes.

Dr. WEBER. Is there any Federal agency with plans for general upgrading and dilution of skills, plant by plant?

Mr. BROWN. Not that I know of. In what we have done for the railroad industry, it was because of our representatives and management sitting down at the table and discussing the mutual problem, and when management called upon us to furnish them with journeymen railroad machinists and this trade, with the other metal trades, were not able to furnish them, the men would not leave their jobs; then we agreed to the program that I just mentioned, upgrading the apprentice and helper.

Dr. WEBER. Now, the within-industry training program that you referred to, is that a voluntary program the development of which depends upon the acceptance by the employer of the program?

Mr. BROWN. No. As I recall—I cannot think of the agency now—there was a Government agency that was sponsoring it.

Dr. WEBER. That is the Within-Industry Training Branch of the O. P. M. first; and, then, of the War Production Board, and, now, of the War Manpower Commission, headed by Chairman Dewey, I believe.

Mr. BROWN. Yes. I am not certain whether it is compulsory or whether it is a voluntary activity jointly of the management and unions. I will say that if and when the railroad management calls upon us for help, we furnish them with machinists or tool makers and if we cannot furnish them, then we automatically agree to a set-up of the employees in certain classifications to take care of that emergency.

Dr. WEBER. Where you have contractual agreements?

Mr. BROWN. Yes.

Dr. WEBER. Where you are unable to furnish the workers you agree to whatever dilution is necessary?

Mr. BROWN. That is correct.

Dr. WEBER. The committee is particularly concerned with the question of a systematic, plant-by-plant utilization of labor, and with the development of plans and programs by Federal agencies on a national scale to upgrade and dilute skills and spread supervisory help. Do such national over-all plans and programs exist at the present time in relation to the machine-tool industry or the other industries that your union is familiar with?

Mr. BROWN. Not that I know of. No national program.

Dr. WEBER. Would you recommend the creation of labor utilization inspectors similar to those that they have in England, to inspect the use to which skilled labor is put in war plants?

Mr. BROWN. I would have to know more about that.

Dr. WEBER. How would you correct the situation in Fort Worth that you describe in your paper?

Mr. BROWN. At Fort Worth, if management does not have sufficient jobs for their presently employed personnel, then there should be some means whereby those workers can be transferred to another aircraft-building plant where there is need for workers.

Dr. WEBER. So that the problem of overstaffing of plants, hoarding of skilled labor, is a genuine problem that war production faces today?

Mr. BROWN. In the light of the information contained in those affidavits that I mentioned in my brief, I would say the employers, by reason of hoarding labor, are in the same position as workers who arbitrarily suspend work because of a dispute, because there is a waste of man-hours, a waste of precious man-hours.

Dr. WEBER. The function of labor utilization inspectors in Britain is to look after that particular situation, to uncover instances of hoarding labor, and to organize and supervise the transfer of such labor to plants which need it. Do you know of instances in which Government plants have requested, through the Civil Service Commission, all-around machinists when what they really needed were machine operators?

Mr. BROWN. At the moment I cannot recall such cases. Not to interrupt, I might, while it is in my mind, say almost immediately after Donald Nelson was assigned to his present task our executive council was in session, and we addressed a letter to Mr. Nelson to assure him that there was available for the use of his organization the entire machinery of our organization, to the end that the services of the members of our craft would be promptly and properly utilized in connection with the war effort.

Dr. WEBER. Well, what use has been made by the War Manpower Commission of your facilities?

Mr. BROWN. Very little.

Dr. WEBER. Any at all?

Mr. BROWN. At the moment I do not recall that we ever received a direct request to cooperate pursuant to our offer. Now, that statement may be incorrect, but that is because I am out of the office a great deal. During the time I have been in the office, I do not recall of receiving a request. I do not say that by way of criticism, but merely by way of information. They may have made sufficient progress without calling upon us.

Dr. WEBER. On the local level, has your union participated with the labor-management production committees?

Mr. BROWN. Yes. In fact, our organization invented the union-management cooperation a number of years ago which is in effect today. That, in effect, was this: After you establish a contractual relationship with an employer you automatically assume the responsibility to cooperate with the reciprocating management, and one of the first employers, the management of the Baltimore & Ohio Railroad, accepted our offer to apply what we termed union-management cooperation, and that system on that railroad gave the idea to those who have introduced the union-management cooperation in the war plants. We spend a great deal of money—many thousands of dollars—to develop that system. We do find in some instances, not so much during the war period, that management hesitates to cooperate in that direction because they are afraid it may usurp some of the responsibilities and authority of management. We have taken the position that, no matter how capable management may be, that there is unnecessary waste and lost motion that can be eliminated through genuine cooperation between the representatives of the unions, meaning the workers in the shop, and the management.

Dr. WEBER. You find, then, that the response of employers to Mr. Nelson's request to establish labor-management production committees has been satisfactory?

Mr. BROWN. I could not say. I do not know what Mr. Nelson's records disclose. I could not say to what degree they have responded.

Dr. WEBER. Well, to what extent do you have management-labor production committees in those plants in which your union is organized and has contractual agreements?

Mr. BROWN. That is quite general, especially during the war. That statement is made in the light of reports we are receiving from our representatives weekly and semi-monthly. Wherever management or the Government has appeared on the scene and has asked for help, our organization was the first to respond, because we realized the benefits that accrued from that type cooperation.

Dr. WEBER. Is there any working relationship between your union and the United States Employment Service local offices? That is to say, if a local office gets a request for skilled machinists, will they check with the local union to see if there are unemployed members or partially employed members that are available?

Mr. BROWN. Yes; they do. Then, in addition thereto, our organization has on more than one occasion notified our entire field staff, consisting of 300 full-time representatives, to make the acquaintanceship of those in charge of the Federal employment offices, and to cooperate fully to establish a proper relationship, to the end that we can speed up the recruiting of needed workers in war industries.

Dr. WEBER. Now, on the question of the deferment of skilled labor, are you familiar with whether or not industry is able to obtain deferments for skilled machinists or are they having difficulty in that respect?

Mr. BROWN. At the moment I have in mind one particular case, and I had occasion to address a letter to Mr. Paul McNutt on that particular case. In, I believe it was, Tulsa, Okla. We received a call for 300 tool makers and about the same time they were inducting tool makers in the Army at Dayton, Ohio. We were protesting on the ground that tool makers were so badly needed, and especially because of the calls we had from employers to furnish them tool makers, that they should not be inducted, but as yet I have not learned if anything has been done to have tool makers and journeymen machinists deferred.

Dr. WEBER. That is to say, the question of whether or not they shall be deferred is determined by each separate local draft board?

Mr. BROWN. Yes.

Dr. WEBER. And there is no uniform national policy on occupational deferment?

Mr. BROWN. No; none that I know of; and in this particular instance I refer to, I do not know whether these men were inducted into the Army because the local boards would not agree to defer them or whether management refused to ask for deferment. But, if I may continue, I do not know of anything that reflects such unnecessary waste, almost a criminal waste, as that of putting in the Army the tool makers and machinists who are so badly needed, and especially when we are counting on a mechanized warfare, and there is no need to draft the young men in this country, put them in uniform, unless the trained and experienced men who can produce the needs of the Army are permitted in the shops to turn out the goods.

Dr. WEBER. Yes. I wanted to get your views on one other subject, and that is the problem of contract distribution. The committee un-

derstands that there are some small machine shops which are not utilized at the present time because of contract procedures of the Army, Navy, and Maritime Commission. What is your understanding on this problem?

Mr. BROWN. We have received correspondence from time to time where firms have asked us to intercede, to the end that they may receive some subcontracts or small contracts, and at the moment it is my recollection that we made very little progress in that direction, and we finally reached the point that we stopped trying, excepting when one of the employers with whom we have contractual relations called on us who one of my associates accompanied to the proper agency to see what could be done to get a contract for him. I believe a survey will show that a great number of employers in small machine shops are anxious to do war work, but for some reason or other they have not yet been furnished with war work. This man I spoke of came to Washington to see us.

Dr. WEBER. And your union has attempted to assist them in obtaining contracts?

Mr. BROWN. Yes.

Dr. WEBER. In the Washington area?

Mr. BROWN. In fact, only a few days ago, the president of the Red Jacket Manufacturing Co., of Davenport, Iowa, was in Washington. That firm was engaged in manufacturing farm machinery, but because of an order the farm machinery to be produced was assigned to a few firms, thus making other firms available for war goods. Then, it developed that there was to be a contract let by the Army for, I think, 10,000 small centrifugal pumps. That contract finally was divided between 3 firms. One firm got, as I recall, one-half of the order, and the remainder of the order was divided among the 2 remaining firms. The reason I mention that is this: Of the 3 firms there is only 1 who was deprived of continuing manufacturing civilian goods, and that firm received the smallest portion of the order.

Dr. WEBER. Despite the fact that its facilities were similar?

Mr. BROWN. They not only had the facilities, but they had the material, plus the trained workers who are experienced in producing centrifugal pumps.

Dr. WEBER. And there was no question of the ability of their men and the quality of their machine tool work?

Mr. BROWN. None whatever.

Dr. WEBER. To deliver the order?

Mr. BROWN. None whatever.

Dr. WEBER. Well, thank you very much, President Brown. It has been very excellent testimony.

(Whereupon, at 12:20 p. m., an adjournment was taken, subject to the call of the Chair.)

INVESTIGATION OF MANPOWER RESOURCES

MONDAY, NOVEMBER 16, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to notice, at 2:30 p. m., in room 210, Senate Office Building, Senator Claude Pepper (chairman) presiding.

Present: Senator Pepper (chairman) and Millikin.

Also present: F. P. Weber, special assistant to the committee.

Senator PEPPER. We will come to order, gentlemen.

We are fortunate in having with us this afternoon, Mr. Daniel Tobin.

STATEMENT OF DANIEL J. TOBIN, GENERAL PRESIDENT, INTERNATIONAL BROTHERHOOD OF TEAMSTERS, CHAUFFEURS, WAREHOUSEMEN, AND HELPERS OF AMERICA

Senator PEPPER. Mr. Tobin, if you will state for the record your address and the official capacity in which you come, and then make such statement as you will be good enough to make on this question of manpower or better mobilization for the war, we will be very much obliged to you.

Mr. TOBIN. I am general president of the International Brotherhood of Teamsters, Chauffeurs, Warehousemen, and Helpers of America. I have held that position for 35 years, without anybody running against me for the office.

I am going to leave the data as to our membership here. This is our actual membership. This is a sworn statement from our bookkeepers. You have the average monthly membership here for 13 months, beginning with October 1941 and ending with October 1942. The average, paid-up membership, not book membership or assumed, or men whose names are on our books—these are the actual paid-up membership. We averaged 691,554 members over a period of 3 months. It is the average membership for 3 months. Our total United States bonds that we now hold is \$6,151,801. This is one international union. Our Canadian bonds amount to \$35,000. We have a small membership in Canada. The 600,000 members, with the exception of about 10,000, are in the United States.

(NOTE.—Table from which above figures are taken is on file with the committee.)

Mr. TOBIN. I have read the statements made by labor men appearing before this committee, amongst them President William Green,

of the American Federation of Labor; Mr. Philip Murray, president of the Congress of Industrial Organizations; George Harrison, and several others. The consensus of opinion amongst all of those men is that there is no need now of any such thing as compulsory legislation which would have a tendency to deprive the workers of any of the liberties which they presently enjoy, until there is a further development of need of such action. I believe it would be wasting the time of this committee to repeat what most of those gentlemen have already said. However, I desire to say that I am one of those who has worked in the labor movement as an official for many, many years, and I have worked under unpleasant circumstances, almost bordering on slavery. The progress that labor has made during the past 40 years has been made only through suffering, privation, and education. Those slow, hard-won steps forward should not be retraced unless it can be proven that the very safety of the Nation and our present civilization is in danger.

The statement of Mr. Green, quoting the action of the Toronto convention of the American Federation of Labor held in October of this year, was a declaration to which the members of the International Brotherhood of Teamsters subscribed at that time. There is, however, a changing of the war picture from day to day, and it may become necessary from month to month to liberalize our ideas and opinions, based on conditions and circumstances surrounding the war effort. All of us know that even within a week we have received information that substantially transforms the picture as we understood it one week before. With the landing of an army of over 100,000 men on the shores of Africa, we must realize the enormous amount of equipment, food, and supplies necessary to maintain such an army. It is not only possible but it is probable that other armies of Americans will be set up in other parts of the world within the next year.

I do not like the word "compulsion." I do not like its meaning. It isn't in line with American ideas of freedom. But there is such a thing as the leaders of the Government of this country, who are charged with the responsibility of conducting the war insofar as our country is concerned—I repeat, there is such a thing as those leaders of Government, answerable to all of the people—being compelled to request that greater sacrifices be made, to the end that we may bring this struggle to a successful ending. If, on the other hand, the people of the Nation, including the organized and unorganized workers, refuse to respond, then I believe it may become the unpleasant duty of the leaders of our Government to compel acquiescence to the requests and requirements of the Government.

In my address to the people of the Nation on my return from England, delivered from Chicago on the evening of September 26, 1942, I made the following statement:

The Minister of Labor also can not only delegate workers from one kind of employment to another, but from place to place. Of course, it must be understood that England is not a large country.

I also made the following statement:

At the present time there is no such shortage of labor in our country as there is in England. They are doing over every class to see where that person will be more useful in this great struggle of England to maintain her freedom, and from day to day changes are made in employment; all under the supervision of the Minister of Labor, and there are no complaints.

Mr. Bevin is in full charge of the distribution of labor. He is a member of the cabinet and he has full power in this matters. It is true he consults with and confers from day to day with the gentlemen in charge of production. England was in war for some time before they established this condition. They realized quite suddenly, after what appeared to be for awhile total disaster due to the fall of France, that they would have to go to extremes to do things quickly, and their only regret was that they had not started before. It must be understood that there is no such shortage of labor in our country as there was in England, and it should be kept in mind that we have had no disaster, up to now, similar to Dunkirk. At that time for days the picture of England standing up, looked pretty gloomy. It is the consensus of opinion amongst many brilliant Englishmen that perhaps a military blunder was made by the enemy in not following up the fall of France immediately. I bring these matters out to say that in discussing this question before Congress these things should be kept in mind; mainly that we have no such condition here as we had in England.

The belief obtains amongst the workers in our country that there is a surplus of labor in many places that has not been properly distributed, and that there has been no effort to distribute it, while other employments have been robbed of necessary fundamental workers. As in Britain, our labor people believe that under no circumstances should men from the farms of our Nation be allowed to either enlist, be subject to the draft, or go into other employments. Even if a farmer has a surplus of labor—which is not usually the case—that surplus should be distributed to other farms. Farming cannot be picked up in a few days or a few months. The production of food and other farm commodities is absolutely necessary to the success of our war. The farmer, of course, is mainly responsible for men leaving the farm, because labor has been poorly paid and the working hours are long. Even the sons and daughters of farmers are eager to leave the farms and go into any other kind of employment, to be relieved of starvation wages and long hours. I live out in that farm country in Indiana, Mr. Chairman. It is my judgment that greater care should be taken before disturbing transport workers engaged in the transportation of either men or materials.

I fully realize that it is very easy to sit back and criticize the efforts made by others, and that those who criticize must have the least constructive criticism. But any person who had to do with the last great World War and who has seen the procedure in this war, the numerous entanglements and the enormity of the conflict, instead of finding fault, it seems to me that up to now he should be very happy at the success obtaining. In saying this I am not unmindful of the necessity of making provision for the future, if, in our judgment, we can devise better machinery; because it is my opinion—and I hope I am mistaken—that this struggle is far from its ending. It's a long road to Tokyo and Berlin.

One of the suggestions that I have to make is that there should be a centralization of authority. The difficulty is in finding men with the courage and ability to assume the great responsibilities placed on their shoulders by such authority. In many instances men who are capable are unwilling to sacrifice themselves because of the unjust

criticism coming not only from the critics of the Government, but from their friends. But sacrifices must be made, in my judgment, and men must be drafted, no matter how, to assume those great responsibilities, and they should be held responsible for their actions and for the carrying out, without fear or favor, of the duties of their office. They should be answerable only to the President of the United States, who should have the absolute power of removal of any person or persons holding positions of responsibility who are incapable of filling those positions. I think the success so far in England has been due to centralization of power and responsibility.

Having in mind the declaration of the convention of the American Federation of Labor and the statements made by the preceding labor men, I am not quite sure that it would be well to wait until the absolute hour of need should strike at our door before we set up the proper machinery. Unpreparedness has been the cause of failure in more than one instance even since this struggle began. It is the judgment of many men, in and out of the military and naval service, who should know, that if centralization of authority had prevailed in Pearl Harbor, the disaster might not have been as serious as it was.

One of the most difficult problems confronting any movement toward conscription of labor would be the loss in wages and salaries to individuals moved from one employment to another. Those who want to unjustly criticize will say, "Why is it that labor holds up the almighty dollar in preference to making a sacrifice?" That argument, in my judgment, is entirely unjustified. Under compulsion, let us assume that a man running an elevator in a hotel in New York may receive \$30 per week, and that individual may be transferred to some necessary textile industry in the South where a \$15 weekly wage prevails. In such instance the Government should see to it that the individual was not required to make such a sacrifice. It should be considered sufficient sacrifice to move from his home and environment and go to work at employment with which he was unacquainted; but he should not be compelled to accept a substantial reduction in wages. Those opposed to organized labor very often use this argument, "How about the man that joins the forces of the Government for \$50 per month, and gives up a good job?" This is no argument. This is the price we owe our Nation because of our physical condition. If I were between the ages of 21 and 40 I would feel that it was part of my duty as a citizen, for the preservation of my Nation, to accept the call to military service. Other men in other days gave up their lives on the battlefields, for the conditions that we now enjoy. This is a patriotic duty.

I might state here that if the profits from investments were dispersed with during the period of the war, as they are in England, we might have less conflict as to paying the worker the wage he is at present receiving if he is compelled to change from one employment to another. I stated over the air to the Nation in September, that there were only 80 people in England receiving over \$25,000 a year. I had this information almost directly from the British Chancellor of the Exchequer. Three years ago when the war began in England, there were 7,000 persons receiving \$25,000 or more per year. Suppose we were to apply this condition to our country. It is my judgment it would clear up a great deal of this wrangling and false interpreta-

tions of the position and intent of the workers to maintain a living wage. In the army the minimum is \$51 a month for a private. He is furnished with clothing, medical service, food, and many other conditions that amount to perhaps over \$100 a month. And this is the very lowest recompense for men in the service; they go from there on up, in accordance with the length and quality of the service rendered. There are millions of workers in the Nation in industrial life who are working for less than this. On the other hand, industry in Great Britain has been taxed almost to the point of confiscation. If you will distribute the profits of industry or commandeer it through taxation, and hold employers and investors down to the conditions obtaining in England, you will be many steps nearer a solution of this problem, and you will find there will be less misunderstanding about the distribution, even the compulsory allotment of labor in the different fields and districts where labor is required, as times goes on.

I am an absolute believer in using every means within our power before we use compulsion. The masses of the toilers of the Nation want things explained to them. They want to be shown the necessity for doing certain things, and their minds, the minds of the workers, are open. If you can establish the confidence of the workers you will have no need for fear of the final results. I cannot take 600,000 truck drivers throughout the Nation and force something down their throats overnight. But I can, and have, over a period of a few months—even since Pearl Harbor—through education and personal appeals, convinced them of the necessity of surrendering certain rights while our Nation is engaged in this struggle, and I have had response beyond my highest expectations. If I were to issue an order in Chicago that the truck drivers must, on a certain day, do so and so, without any preparation or notice, I would have 40,000 men on strike in Chicago. And you can't spare the Army to run 40,000 trucks in Chicago, 50,000 in New York, or any other large city. But if you show those men—who are Americans to the core, who love their country and the freedom they have obtained—if you show them that it is necessary to do those things, that labor should temporarily surrender some rights during the period of the war, I believe you can accomplish better results than by compulsory legislation at this time.

On November 10, in New York City, there was a conference called under the auspices of the Academy of Political and Social Sciences. There were many great national characters present at that meeting. Amongst them was Henry Kaiser, the great shipbuilder—and before he built ships he was a great construction builder, he built some very great dams in our western country and some very great bridges. I will quote a short sentence to substantiate what I said here, from Mr. Kaiser—who, by the way, is one of the fairest men to labor that we have in this country—one of the fairest. He has none but union men working for him, and he pays the highest wages and he has no strikes. Mr. Kaiser said at that meeting, in the Hotel Astor in New York City on November 10:

When men are treated like human beings, when personal problems are considered, and opportunities given, there is nothing labor cannot do. Wartime has given us a superb opportunity to test what the human family can do when governed by an impelling motive.

It has been stated that there has been no analysis made of the labor shortage or of the over-supply of labor; that a census should be obtained immediately. It is my opinion that even if you never needed this census, it should be obtained; but at any rate it is needed now before we give further thought to compulsory manpower legislation. When you force a man or woman to do anything against their wishes, you only get one-third results. Convince those individuals or establish the confidence of your case in their minds, and you will get 100-percent results. It may be that as time goes on, at the end of 6 or 8 months, we may be confronted with a situation in which we may need to prepare for compulsory manpower distribution, but we haven't reached that point yet, in my judgment. It may be that we will need other legislation, such as the deduction of a certain amount of the earnings of an individual which could be placed away in safety by our Government, to help stem the dark clouds of unemployment after the ending of the war. I say we "may" need this kind of regulation, but I feel that at this time it is better to continue our endeavors to educate, encourage, enlighten, and bring the picture of the real conditions before the minds of the American workers, than to establish laws that would have a tendency to interfere with the present freedom of the toilers of the Nation.

Gentlemen, I am happy and pleased with the progress we are making and with the unity of action and helpfulness—without compulsion—displayed by the toilers of the Nation since we entered into this life-and-death struggle obtaining as a result of the unforeseen and unprepared for incident of Pearl Harbor. It should be remembered that laws and rules once established are often difficult to disestablish, even though it is understood the laws are for a limited period. It is always difficult to get back something you give away. I dread the thought of the after-the-war demoralization of men and industry. I witnessed conditions after the last war, which was only a sideshow compared to this present world struggle, and I don't want to see a repetition of what we endured then, when millions of men and women were thrown on the market of unemployment. Any legislation at this time which would disestablish the working conditions, such as lengthening the hours or interfering with other conditions that have been obtained by the long struggle of organized labor, should be given serious thought and should not be entered into unless as a last resort. If a more serious condition prevails—and it is possible that it will—I am satisfied that the working men and women of the Nation will respond to the need of the Nation, because it is their Nation, their country, they have the most at stake. It is my personal opinion that at this time compulsory drafting of manpower should be deferred.

Senator PERCY. That is a very fine statement, Mr. Tobin, out of a rich background.

Senator MILLIKIN, have you any questions?

Senator MILLIKIN. Mr. Tobin, what is the unemployment situation in your organization at the present time?

Mr. TOBIN. We have no unemployment. We have a few men that are not able to hold up, and even most of those are employed. When a man reaches the age of 45 years in our business he is worn out. It

is a young man's job. A man who cannot drive a 10-ton truck is thrown on the junk pile. The same holds true for the delivery of milk. The average age now in our membership, as I gave it to you in the statement here, is about 31. Perhaps it is less than that just now. The best figures that I can get from our different unions throughout the country are that there are about 75,000 of our men that have been taken into the services since shortly before Pearl Harbor.

Senator MILLIKIN. There would naturally be a cut in your membership because they are young men.

Mr. TOBIN. Yes. In the last war we asked for exemption for certain men that we could not spare. I will make the statement to the chairman, for the record, and to show you how we regard this conflict—I was down here during all that time—that we have asked for no deferment of service for anyone up to now, and we have been very much disturbed because some of our key men—I don't mean the truck drivers, but our organizers, men that handle grievances and can stop strikes—have been taken into the services.

Now, I have seen the men on the other side, I have seen them training for the last couple of months, I have seen them here, and in the different plants where they are making ammunition, the men that are in the field working night and day, and our working hours are longer than theirs. The Army would not be worth anything if you did not have the equipment and the supplies. You cannot start an army with just enough to carry on for 5 hours in North Africa, you must have enough there to carry on for several months.

Now, under the present system, as I said, we have not asked for the deferment of one of our important field men. We may have to, but I hope we do not, but the rank and file of our membership are taken. Of course, we have to bring men in, too. If I had to drive a truck overnight to New York City—I would rather do anything else just now, although I was a truck driver many years ago. I bring that point out to show you how we regard this conflict. Labor, as far as I know, has not asked for the deferment of any of those people.

Senator MILLIKIN. Mr. Tobin, could you give us an estimate, which I know would be a rough one, of the number of the percentage of your men that are in war work as distinguished from nonwar work?

Mr. TOBIN. Nearly all of our men are in war work. We tried to get the line of demarcation drawn before the War Labor Board. For instance, we haul an enormous amount of freight. There are over 300,000 men working freight directly, out of the 600,000, doing nothing but long-distance freight hauling. I was 3 hours late today. Your railroads are bogged in most of the railroad centers. I came on one of the best Pennsylvania passenger trains, but it was 3 hours late.

Now, take the average milk driver, you would not say that he was a necessity, but he is. We have men that deliver milk in certain buildings in New York City to over 200 families. Those people cannot run out in the morning to the stores a block or two blocks away.

Take the fellow who delivers laundry, he is considered as non-essential. Well, we have one pick-up a week in Indianapolis, where I live. We use to have two pick-ups every day. We are cutting down to save labor.

The war worker in our big plants, our munition plants, has to be supplied with food, with coal, with milk, with laundry; he must be given service or his efficiency breaks down.

The thing that happened in England—it is very difficult to make our people believe it here—is that they have overworked their people because of the shortage of labor, and they have broken down the physical resistance of their people. I lived on the food that they have over there, and I know what it is. You would be an ingrate of the lowest kind, if you objected to it, because they took it with a smile; but they broke down their physical endurance. You work a man 10 hours a day, he may stand it for 6 months, but eventually you break him down.

Our average working hours are over 50 hours a week for truck drivers, and I think we are working the long-distance truck drivers close to 60 hours a week. They work on piece-work, so much a mile. You cannot break down the physical ability of these men.

I was surprised hearing one of the British labor men say the other day that they were doing faster work of the same kind in England than we are doing here. I visited many and many a manufacturing plant in England. I did not want to say anything to hurt anyone on that point when I came back, but the average American is speedier in every way, just the same as he is in business. He is, at least in my judgment, 25 percent faster in anything he does than they are in Britain, but we had an English labor man here the other day that made a statement to the contrary.

Senator MILLIKIN. Mr. Tobin, might it be fairly concluded then from your testimony that, as far as your organization is concerned, there would be a very small pool of any of the men that might be available for other war work?

Mr. TOBIN. They are taking them every day into the military service.

Senator MILLIKIN. No, no; I mean moving them from one line of civilian or war work to another.

Mr. TOBIN. We have a shortage of men as the result of the draft. You cannot take a man and put him on a truck overnight and make a truck driver out of him.

Senator MILLIKIN. I assume from your testimony that you haven't got a surplus of labor that can be moved into other civilian or war work?

Mr. TOBIN. No. They are trained men, and we might have to find enough men to replace them on the work that they are doing.

Senator MILLIKIN. I should like to ask you that question on your English experience. When they take a man out of one line of work and put him in another, what do they do about their wages?

Mr. TOBIN. There is some form of adjustment. I should have it, in fact, I have it in my office. I think the Government makes provision that he does not suffer, but I may not be quite accurate in that. The Department of Labor, in my judgment, can get it for you through the American Ambassador Winat, as to what they do, I think. I spent 3 days with Bevin—I went into all those things, and I am of the opinion that there is a subsidy coming from some place in England that is used in making up the pay in some of those cases. There is not such a difference in wages over there, Senator, as there is here. For instance, the textile industry is paid, in proportion to the nature of their work, a much higher wage; it is closer to the wage, we will say, of the truck driver. They have been organized, as you know, for years in England. The founders of our textile industry came from England to this country.

Senator PEPPER. Right there, if the Senator will permit me: Is organization in the labor unions by the workmen and working women more general in England than in the United States?

Mr. TOBIN. Well, England has got 40,000,000 people just now and their membership is 5,000,000 members. We have got 130,000,000, and all told—including the railroads that are not in this, about 850,000 of them—I do not know just exactly, we have less, we have around 10,000,000 organized for 120,000,000, while they have 5,000,000 for 40,000,000 people. So, you can see there is a greater proportion of organized workers.

Senator PEPPER. If the Senator will allow one other interjection at that pertinent point: I was in London in 1938 and had a long talk with one of the principal men in the Ministry of Labor, and he told me that in all of Britain he knew of only one case where the principle of collective bargaining on the part of the employees was being questioned or challenged, and that was by a certain English firm. They had been holding out for some months and intimidated that probably before very long the Government might take some steps to get that matter settled. He made the very interesting statement to me that two of the principal foundations for the support of the British institutions—referring to the Government in that sense as their institutions—were the so-called ruling classes and labor unions.

Mr. TOBIN. Well, of course, you must consider the class of people. You have got a large class of one kind of people; you have not got the different nationalities as conspicuously there as you have here.

Next, the British trade-union movement is much older than ours. They had a fighting organization of labor when I was a youngster around Boston 50 years ago, when we were beginning to talk about it. They have very progressive labor legislation. They started a Labor Party, which was a Socialist Party but not the radicalism that we knew in the early days under that form of political party. It was really a workman's protest party, and they had laid the foundation for some of this legislation that they have now. But, all in all, the worker in England is not nearly as well off in his home or in his family as the American worker.

Senator MILLIKIN. Mr. Tobin, as I recall, over in England they moved into compulsory labor assignment very promptly after Dunkirk, due, as I think you brought out, to the extreme emergency, the restoring of their lost equipment in France.

Mr. TOBIN. I probably touched on some things there that I should not have. After all, there should be no secret about it now.

Senator MILLIKIN. No; there is no secret about that.

Mr. TOBIN. They were driven almost to the verge of desperation. I touched slightly on the fact that many prominent Englishmen believe that a blunder was made by the enemy. I did not give the names, but England was in a deplorable condition after the fall of France. I also heard some statements made as to why the follow-up did not take place, which I do not think would belong here in the record.

Senator MILLIKIN. You foresee in your statement the possibility, but you made it very clear, I think, that it is probably no more than a possibility, that we would have to adopt a compulsory system in this country. This is a somewhat "iffy" question, but don't you believe, Mr. Tobin, that, if we managed this manpower problem properly, we could avert compulsory manpower in this country?

Mr. TOMX. I think we would have to be guided pretty much by what happens in the next 6 or 8 months.

Senator MILLIKIN. But if we move promptly to bring it under an efficient management, if we do not wait for 6 or 8 months, don't you think we would have a better than fighting chance of making a voluntary rather than a compulsory system?

Mr. TOMX. I said in my statement, I am opposed to the word "compulsion" except as a last resort.

Senator MILLIKIN. Yes.

Mr. TOMX. Now, we do not know what we are coming to. My mind is open. I say that anything we will be compelled to do must be done. I mean anything that we will be required to do to save our country in this conflict we must do whether we like it or not. I think the workers will agree to do it. When we entered into an agreement, both the A. F. of L. and C. I. O. representatives here, when we were about to start to lay the ground work for this War Labor Board, when we agreed to recommend to our people throughout the Nation on both sides that such must cease in any industry that had to do with the war—I know my people pretty well—I had no idea that we could get, over a period of 6 or 8 months, the response we got from the appeal to our people. It was not compulsion. I made it as strong as I could, and so did the other men.

Now, when you hear about men out on strike in Detroit, or other places, that means nothing; it is a question of 2 or 3 days, and it is usually settled. The men in charge of that union insist that the country is at war and sacrifices must be made. I have perhaps a half dozen small strikes on today that do not amount to anything. Tomorrow, or the day after, they will be adjusted. In many instances the employer is responsible—not always, but in many instances. We have employers, for instance, that will not pay overtime in accordance with their agreements. We have employers that do some cheating, that pay the guaranteed scale and then have them kick back. I have found those conditions. Now, when we get to those things they are adjusted.

The point I am trying to make, Senator, is this, as it appears to me now. I think labor will make greater sacrifices temporarily, if necessary, but, at any rate, if the light is more clear 6 months from now we can begin then.

Now, I know there are some employments where there is an oversupply of labor. I am told that that is prevailing very extensively in New York now in the building trades and is prevailing somewhat in the garment trades. If you are going to cut my wife and daughter down to one dress a year, I am for you, but it will throw out of work those people who are engaged in the garment industry. The question is what kind of work the people engaged in the garment industry can do. They certainly would not do good driving a truck. They may fit into the textile industry or in some other branch of the manufacture of garments, but in such a condition, with their expenses of transportation paid and with some arrangement made by the Government through subsidy to meet part of the differential, I do not think you would need any compulsory legislation.

Let me say this to you for the record: I am quite in sympathy with the statements made here that we must utilize our womanpower more.

In my address to the Nation, I stated that I found big plant after big plant over there where there were as high as 65 percent of the employees engaged in mechanical work who were women operators.

Now, I realize what we are going to be confronted with after the war. What are we going to do with these women? What are we going to do with these men? Many of them will want to stay in that employment. That is the problem we have got to consider. The women that are getting \$35 a week, who are working in some of these plants, one large one in Indiana, they are not going to go back if they can possibly help it and work for \$10 a week as waitresses, or get even less than that in many places. I do say this, though, that during the war we should make a greater effort to utilize the womanpower temporarily. For instance, in London, Senator, I could not find a man to carry my bags. I did not have any trunk; I had a grip, and for half an hour I could not even find a woman porter. I found all kinds of women working, doing that kind of work, operating trucks, in the Grand Terminal Station. Mr. Harrison adverted to this the other day. They are running short of women workers in domestic service. There is no such thing as domestic service to be obtained at all. The women who could afford domestics are doing their own work, and so on down the line.

Senator MILLIKIN. I am speaking now, Mr. Tobin, of nonwar work; I am not speaking of war industry at all. If we extended the workweek from 40 to 48 hours, what is your opinion as to whether that would open up a new pool of labor available for war work?

Mr. TOMX. Undoubtedly, you have had that question answered before in just about the way I am going to answer it. In the first place, I can only talk for myself or our organization, but there are very few of our members who do not work around 48 hours. In general, however, there is no such thing as compulsory 40-hour week. The only thing that exists in employment, where there is a speed-up system obtaining, as I have seen it, when you finish your 40 hours if they want you to work more than 40 hours, let them pay you a little more. Now, we did make this change within the last year, that where it called for double time for certain days, the seventh day, they cut that down I think in conference here to time and a half. Now, if you are working as a speed-up machinist in a factory and every moment of your time was taken up because if you stopped you tied up the line in front of you, your nerves are strained all during that 40 hours—well, we say if you want that man to work over that 40 hours, pay him a little more, take it out of the profits of the industry, and all of those industries in the large employments are making large profits now. Of course, the Government is going to take considerable in taxation, but they are not taking anything near as much in taxation here as they are in this country of our ally, England.

There is no such thing as a compulsory 40-hour week. There are 40 hours at a single pay, and after 40 hours there is a little more reward that is required by the toiler for the extra strain that he is compelled to make. And listen, Senator, I think I am safe in saying that there is throughout the Nation, organized and unorganized, not 40 percent of the workers enjoying the so-called 40-hour week. So that it is used down here in the Houses of Congress by the men that are opposed to labor. I am not saying that they are dishonest in their opinions, but

it is their environment, it is their understanding of the human problem that sometimes leads them to make those statements that the 40-hour week is the curse of the Nation, especially in this time of war. That is not true. There is no such thing as a 40-hour week being made compulsory. There is required in some organizations that a little more be paid if they ask them to work over 40 hours, when the industry, as we understand it, at the present time, is fully able to pay it.

Have I tired you out, Senator?

Senator PEPPER. No. I want to hear a little more from you, if you are not in too big a hurry.

Senator MILLIKIN. My remarks were directed to the non-war part of industry, and passing the question of wages, I was wondering how large a labor pool, if any, would be liberated for other war work if the 40-hour week were extended to, say 48 hours?

Mr. TOBIN. How large a pool of labor will be liberated?

Senator MILLIKIN. Yes.

Mr. TOBIN. That is the reason you should find these things out before you proceed.

Senator MILLIKIN. I wondered if you have an opinion on that.

Mr. TOBIN. No; I haven't got any opinion, because in my own employment we haven't got any—in fact, we will not have enough.

Senator MILLIKIN. I did not intend to charge you with the responsibility of knowing that.

Mr. TOBIN. This may happen, as it has happened in England. The largest newspapers in England are cut down to three or four small sheets, with all advertising. I had several meetings with Lord Beaverbrook. I had dinner with him and lunch. He owns five or six newspapers. The London Evening Standard has a circulation of over 400,000 copies, or did have it, but that paper is a little small, four-to six-page paper now. Hundreds of drivers in the printing industry have been laid off from work. There are no essential employers.

Remember also that you are going to drain from the already live organizations more labor, you are going to drain them, you are going to take the physical life away from some of the organizations as well as ours and you will have to replace those. We may double here, here, and there; we are doing it now. We have such things as every-other-day delivery. We are saving manpower, and we are saving in rubber consumption and gasoline consumption.

I am not in a position to say just where you can get this surplus labor, and I think there isn't anybody in a position to say. They say there are 100,000 building-trades men in New York, and in my opinion there are perhaps 60,000 of them now out of work. I question whether those men that are bricklayers, plumbers, electricians—electricians maybe could—could go to work in other industries. The age limit in some of those trades is very high. The average age is 50 years in some of those. Now, that kind of surplus labor isn't much good outside of their own trades, unless taken by the local employers.

In Indiana, as you know, one of the large Central States, there is the question of farm labor. I know how the Senator feels on this question; I have been reading some of the expressions on the Senate floor on farm labor. I will take in the whole country. I have to visualize this as a whole. I have seen hundreds of them going to work in munitions plants, in those big plants that we have in Gary,

getting high wages and impoverishing help on the farm. Now, a munitions worker is not quite as necessary as the man who raises food in that part of our country. That thing should be stopped. You cannot blame the youngsters on the farm, 18 to 20 years of age, where they have no wages to speak of, and that is what is causing a lot of trouble. That goes for other employments. All of this should be in the hands of the Government. All of this is in the hands of Bevin in England and most of it was there before he started his job. As I said in that statement, perhaps we haven't gotten to that point yet.

Senator MILLIKIN. Thank you very much.

Senator PEPPER. Mr. Tobin, I want to ask you just this before allowing you to go. In England, under Mr. Bevin, they do have the manpower machinery all centralized and closely directed, do they not?

Mr. TOBIN. Yes.

Senator PEPPER. And you feel that the efficiency of their organization for the handling of manpower has been their principal success in dealing with that problem?

Mr. TOBIN. That is my opinion. I may be wrong; people may disagree with me.

Senator PEPPER. I understood you to say Mr. Bevin is the man who has final authority on the question of manpower and nobody contradicts him or interferes with his authority on the subject.

Mr. TOBIN. He undoubtedly lays the serious problems before the Cabinet.

Senator PEPPER. I mean nobody under him, no collateral agency.

Mr. TOBIN. Mr. Churchill, the Prime Minister, has given him complete authority.

Senator PEPPER. They do not have the division of responsibility and authority in respect to this problem which we have here.

Mr. TOBIN. There is no overlapping of authority there at all. Now, I tried to explain that we are a little different in our country. I do not want to throw out the insinuation that everything is wrong here.

Senator PEPPER. I understand.

Mr. TOBIN. I do not want to blame the people, the heads of these different departments who are making a great sacrifice. We are new in this thing yet, and, as I said in that statement, in my personal judgment we have accomplished wonders so far.

Senator PEPPER. No doubt about it.

Mr. TOBIN. But we should improve, if possible, as we go along.

Senator PEPPER. That is right. You found, generally, a considerable centralization of the civilian war effort in England, did you not, Mr. Tobin?

Mr. TOBIN. It is almost completely centralized authority.

Senator PEPPER. And that is due no doubt to the evolutionary process whereby they found it necessary to work out this effective machinery in order to get the best results.

Mr. TOBIN. That is right, and they did not do that until after they were struck.

Senator PEPPER. Mr. Tobin, we are certainly much obliged to you. You bring us a great deal of helpful comment and suggestion.

Mr. TOBIN. Thank you.

Senator PEPPER. Dr. Boas.

Dr. Boas, Senator, may Dr. Henry Richardson from our organization present our views, please?

Senator PEPPER, Yes.

All right, Dr. Richardson.

STATEMENT OF DR. HENRY B. RICHARDSON, NEW YORK PHYSICIANS' FORUM, NEW YORK, N. Y.

Senator PEPPER. Give us your name and any representative capacity in which you may come, or, if otherwise, the capacity in which you do come, and such comment as you will be willing to give us on the question of manpower or subjects related thereto.

Dr. RICHARDSON. My name is Henry B. Richardson. I am a physician. I am a member of the executive committee of the New York Physicians' Forum. I am here in that capacity with the authority of the membership as expressed unanimously in a recent meeting.

Senator PEPPER. Doctor, will you give us a little of your background? Where were you educated, and how long have you been engaged in the practice of medicine?

Dr. RICHARDSON. I was educated at Harvard College, in the Harvard Medical School. I graduated from the Harvard Medical School in 1914 and from the Brigham Hospital as intern in 1916.

Senator PEPPER. Are you a member of the American Medical Association?

Dr. RICHARDSON. Yes, sir; I am.

Senator PEPPER. How long have you been a member of that organization?

Dr. RICHARDSON. Approximately 10 years.

Senator PEPPER. Now, what is the forum of which you speak in New York, Doctor?

Dr. RICHARDSON. The forum is an organization of physicians who, in the year 1939, became dissatisfied with the attitude of organized medicine regarding plans of medical care. They gradually formulated themselves into an organization and, for the past year, have been discussing problems of medical care as affected by the war.

Senator PEPPER. You mean they were dissatisfied with the benefits the doctors were getting out of it or dissatisfied with the general results that were being obtained under the system prevailing?

Dr. RICHARDSON. Specifically, they were dissatisfied not with the provision of doctors for the armed services but with the distribution of the recruiting, and also with the lack of doctors in new industrial areas.

Senator PEPPER. In other words, you organized for the purpose of making medical services and medical facilities available to people who were not, according to your judgment, getting the service they should have?

Dr. RICHARDSON. Yes, sir; that is correct.

Senator PEPPER. Go right ahead now, Doctor, with your statement.

Dr. RICHARDSON. As I said, Dr. Boas and I have come as practicing physicians to represent the New York Physicians' Forum. This organization had its inception in the county of New York in 1939 among a group of physicians who were keenly aware of the need for im-

proving medical care and were disturbed by the obstructionist attitude so often manifested by the officials of organized medicine in their national organization, as well as at the levels of the State and county societies. The members of the forum are all members of their county and State medical associations, as well as of the American Medical Association. In the past year the forum has been discussing the problems of medical care in wartime. The most urgent of these is to adapt medical practice to the dislocations caused by the war. The forum is a means by which the practicing physician can discuss these problems, and voice his opinion as to what should be done. At a recent meeting, the membership authorized their executive committee, of which we are members, to take action in urging the Federal Government and specifically the Public Health Service to assume responsibility for the equitable distribution of medical care, between civilian and military populations.

We represent a section of opinion among practicing physicians which disagrees with the attitudes and action of the representatives of organized medicine who are members of the Procurement and Assignment Service. The officials of the American Medical Association were duly elected by a process which started in the county societies 2 and 3 years ago. They have no machinery by which they can find out the present opinion of their constituents and apparently no disposition to make this inquiry.

Senator PEPPER. Dr. Richardson, if I may interrupt you, what is Dr. Fishbein's position in the American Medical Association organization?

Dr. RICHARDSON. I understand, sir, that he is the executive secretary.

Senator MILLIKIN. May I interrupt, Mr. Chairman?

Senator PEPPER. Yes; go right ahead.

Senator MILLIKIN. Is this paper, you might say, in reply to Dr. Fishbein's testimony or is it unrelated wholly?

Dr. RICHARDSON. It is on the general subject of medical facilities as related to the manpower problem.

One dogma in particular of organized medicine has done much to retard progress. This is the claim that medical care is the concern of the physician alone, and that among physicians only those who act through the channels of the medical organizations have the knowledge and the capacity to judge what is needed and how to carry it into effect. This dogma, we are convinced, is without justification. Problems of medical care are the concern not only of the physician but also of the public and of the Government. To work out the best methods for the distribution of medical care the cooperation of all three groups is required. Physicians by themselves cannot solve the problems.

We come to offer our opinion and not to state the facts, which are well known to all concerned. In brief, the distribution of medical care, which was uneven before the war, has been still further dislocated by two factors: The migration of large populations to new industrial areas, and the recruiting of physicians for the armed forces. This recruiting has been carried on largely independent of civilian needs. The crowding, unsanitary conditions, and scarcity of medical care is also a matter of common knowledge, as is the fact that these

areas are ideal breeding grounds for epidemics. Any physician who has been through the epidemic of influenza in 1918 has unforgettable pictures of what can happen, and is not unlikely to happen again, with one disease or another. I happen to have been through the epidemic of 1918 and I have a very vivid picture of what can happen in an influenza epidemic, and it is not unlikely that such an epidemic might happen again with one disease or another. More important even than the prospect of epidemics is the loss of work which is taking place at this moment, through illness which might be shortened or prevented by adequate medical care. As practicing physicians, it is our business to treat people who are sick, and if possible to keep them well, and when they lack medical care we don't like it, and want to have something done about it.

Our opinion as to the effectiveness of Procurement and Assignment Service for civilian medical care, is based on facts most of which have been published by that organization in the Journal of the American Medical Association. This service was set up a year ago. In the words of an editorial of the association: "The Procurement and Assignment Service was created by the President of the United States and charged with the consideration of the task of meeting the needs for physicians of armed forces, industry, and the civilian population." The purpose, then, was to meet, not just one of these needs but all three. Recruiting of physicians for the armed forces has been highly successful, but there is no evidence that any effort was made to equalize the drain on the community.

In an editorial in the current issue of its Journal, the American Medical Association claims that all this has been accomplished:

The Procurement and Assignment Service for physicians, dentists, and veterinarians established as a part of the War Manpower Commission, is carrying on a scientific, carefully considered allocation of physicians, dentists, and veterinarians to meet the needs of the armed forces, industry, and the civilian population, as directed by the President of the United States in his order establishing this body.

This is a statement made, I repeat, in the editorial of the Journal of the American Medical Association. This statement is incomprehensible in view of the data assembled by the Procurement and Assignment Service, who were unable to observe the quotas which they set up for the various States. In other words, they were unable to put those quotas into effect in practice. The numbers of doctors who enlisted were wide of the mark. As of September 30, 1942, the percent of State quotas achieved ranged from 59 to 224 percent. In 13 States the number was over 150 percent or less than 70 percent of the assigned quota, and in only 12 did the figures come within 10 percent of the goal. That is our analysis of the table as it came to us. As late as October 10, a year after the inception of the Procurement and Assignment Service, a statement appeared in the Journal of the American Medical Association:

Plans for meeting the need for medical care in communities where a shortage of physicians has developed are being made now * * *.

To emphasize that statement, the shortage was allowed to develop and plans are still in the making.

These figures were not given to the States until June and the facts have not been made known to the medical profession or the public at

any time, except through this Senate subcommittee. The Journal of the American Medical Association depicts public ventilation of this topic, saying that thereby the subject—

* * * was thrown into the arena of public discussion.

I suppose, according to that, Senator, that you are part of that arena. In our opinion, it is high time that the record should be subject, as it is, to public scrutiny.

Our confidence in the ability of organized medicine to profit by criticism was never very great, and is still further shaken by other statements in this and the succeeding editorials. The tenor of those could have been predicted by anyone who is familiar with the technique. They misuse the patriotism of the doctors to throw up a smoke screen, and raise the threadbare spectre of regimentation. They go on to make indiscriminate attacks on persons most of whom have had no responsibility in the matter, and they interpret any and all criticism as an onslaught on the medical profession. If these editorials reflect the attitude of the Procurement and Assignment Service, they give little hope for a constructive solution of the problem. Nor does the plan which is proposed by this Service inspire confidence. The emphasis on meeting problems at the State level recalls the familiar evasive tactics of organized medicine. The report goes on to say that—

The Procurement and Assignment Service is not in a position to deal with the financial and administrative problems involved in the provision of medical care.

Then, who is in position to do so? The further statement is that—

Since these problems in many instances transcend State lines, the Federal Government has a responsibility to cooperate with the States in meeting these needs by the provision, when necessary, of financial and technical assistance.

It seems to us that the responsibility of the Federal Government, also transcends State lines, and far exceeds the provision of technical and financial assistance. Otherwise it is not clear how medical needs are to be met when some areas have one physician to 800 in population, and other areas which are widely distant have one physician to 7,000 people. Even if this difficulty were met by negotiations between the States, the problem would remain as what to do about State licensure. With an army of the size which is now contemplated, these difficulties will be multiplied. It is clear that every possible resource will have to be used to meet the needs of the civilian population and in particular of the workers in the war industries. The problem will have to be met without preconceived ideas of medical care of the prerogatives of organized medicine. As represented in the Procurement and Assignment Service, organized medicine has demonstrated neither the power, the will, nor the vision for leadership. The situation demands a centralized authority to supply motive power and direction, and that authority is the Federal Government. In our opinion, the branch of the Government best fitted at the present moment for responsibility in the distribution of medical care is the Public Health Service.

Senator PEPPER. Dr. Richardson, I will ask you a question or two. Dr. RICHARDSON. Excuse me. Dr. Boas is here to answer questions. Senator PEPPER. All right. I was going to ask you just a question or two, Dr. Richardson, if you can spare us a minute. In the first

place, I think I am sure that you want to make it clear, as do the members of the committee, that we are thinking constructively and trying to work helpfully and not destructively and not with any desire to damage or injure anybody, particularly the honorable doctors and medical people of this country or the American Medical Association.

I am sure that is your sentiment, and it is the sentiment of the members of the committee.

Now, Doctor, I am sure, therefore, that you and the committee share the concern that you and we have expressed about a policy for the procurement and assignment of doctors which was not an over-all policy, which did not take into consideration the civilian needs of the country as well as the military needs. That, I am sure, occasioned some concern on your part, as it did on the part of the committee. You found evidences of maladjustments and lack of distribution in the way the doctors were taken in, and that the method employed left, in some instances, the Army perhaps overstaffed with doctors and many communities dangerously understaffed with doctors. You have noted instances of that sort?

Dr. RICHARDSON. Yes, sir.

Senator PEPPER. So, your concern was if we were going to make the most effective use of the manpower resources of this country we cannot ignore the public health and we cannot assure the public health without available facilities, personnel, and material, for the prevention of disease and the cure of disease, that is to say, doctors and medical facilities, generally?

Dr. RICHARDSON. That is quite right, sir.

Senator PEPPER. Now, you stated, I believe, therefore, that this problem is a problem that cannot be ignored by those who are concerned with the protection of the public interest?

Dr. RICHARDSON. Yes.

Senator PEPPER. So that the Government, which must see to it that the war is conducted and that all of the resources of the country, which we pledged in our war resolution to the prosecution of the war, are to be used to the greatest advantage. Therefore, you would not, although you are a doctor, take the position, if I understand you, that the question of medical care is one that can be solved purely by the profession alone or that the profession alone is the only one that has any interest in the matter, or that Government is trespassing upon prerogatives of the members of the medical profession when they respectfully or dispassionately make inquiry about the governmental policy which has to do with the pulling of doctors out of the civil population; would you, Doctor?

Dr. RICHARDSON. That is an excellent statement, I believe, sir.

Senator PEPPER. I believe you stated also that the problem was of such a nature that although the local communities, or even the States, were disposed to help to the best of their ability, it cannot be adequately solved without being considered from a national point of view?

Dr. RICHARDSON. Yes.

Senator PEPPER. So, it is a national problem instead of just a local problem?

Dr. RICHARDSON. That is quite right.

Senator PEPPER. Doctor, where can you direct us to a constructive plan which would perhaps offer the greatest opportunity to make our manpower resources more effective and efficient by an adequate concern for and a policy toward the protection of the public health?

Dr. RICHARDSON. I suppose the experience from England would be valuable. One of the members of our executive board who is familiar with experience in England is not here. He is not yet a citizen of the United States. However, he is familiar with the situation in England.

Senator PEPPER. And he knows what the policy is there, in regard to the public health?

Dr. RICHARDSON. He has described their policy to us on past occasions.

Senator PEPPER. I wonder if you would give us his name, Doctor?

Dr. RICHARDSON. Dr. Miles Atkinson. He lives at 123 East Sixty-first Street, New York City.

Senator PEPPER. That is very good. If you have any other reference, Doctor, we will be very glad to have it. I think the figure was given by Dr. Parran that there were 6,000,000 man-hours a month lost on account of illness in this country. Mr. Kaiser appeared before our committee and told about how grievously his work was impeded by absenteeism attributed to ill health, and how, to meet that situation, he had set up medical facilities that would be available to his employees, even to the members of their families, purely upon the basis of work efficiency, to turn out ships for the conduct of the war. Now, what we would like to get is a constructive program that we could consider, and, if we approved, sponsor, which, as Senator Millikin a minute ago in one of his questions to Mr. Tobin, would bring a further reserve and reservoir of manpower to the Nation's use. If you gentlemen, either now or by subsequent suggestions, would give us any suggestions of that sort, we would be very glad to hear from you.

Dr. BOAS. May I make a few comments, Senator?

Senator MILLIKIN. I would like to ask a few questions.

Senator PEPPER. Yes.

Senator MILLIKIN. I did not get clearly from your paper whether you felt that doctors can be properly allocated to meet the country's civilian needs voluntarily, or whether we would have to have a compulsory system.

Dr. RICHARDSON. I should like it if it could be done on a volunteer basis, but I very much doubt whether it can be done on a volunteer basis.

Senator MILLIKIN. You feel there will have to be some central governmental authority to make the allocation?

Dr. RICHARDSON. Yes. If I were trying to visualize such a situation myself, it would be a problem of where to go and what to take with you, and also the consideration of what you leave behind. You may have your own equipment, your fluoroscope laboratory, or it may belong to somebody else, it may belong to a hospital. If you go as an individual with a black bag, blood-pressure apparatus, and set up a single in a new town it will take considerable time to find you.

Also, in a hospital, of course, the consultant relationships are established and teamwork is developed rapidly and quickly. With a person in private practice similar relationships have to be set up. You

have to know your consultant, who he is, how his mind works, what his capabilities are, his limitations, and you have to learn to talk a common language. All of that would take time to establish in a new town, a matter of months. If you have doctors working together on professional subjects, where they are readily accessible, contrary to the impression that I may have given, they work together very successfully. That is from the point of view of the place of transfer and the equipment that is to go along in establishing relationships with other doctors.

Then, of course, there is the financial question. There again the income which is left behind and the income that is likely to accrue in a new place and the further uncertainty as to what happens at the end of the war when some of these boom towns may look like Sitka, Alaska, after the gold rush, that question enters into it.

Senator MILLIKIN. Do you believe there is enough practicability of approaching it from a voluntary standpoint, to pursue that further, by some acceptable medical organization?

Dr. RICHARDSON. It seems to me that a central impetus as yet to be tried, and that could be tried on a voluntary basis in the same way that recruiting has been accomplished for the Army.

Senator MILLIKIN. Thank you very much.

Senator PEPPER. We are very grateful to you, Dr. Richardson.

Dr. RICHARDSON. I am thankful for the opportunity of being here.

STATEMENT OF DR. ERNST P. BOAS, NEW YORK PHYSICIANS' FORUM, NEW YORK, N. Y.

Senator PEPPER. Will you give for the record your name and address, and any representative capacity in which you may come?

Dr. BOAS. My name is Dr. Ernst P. Boas, 1185 Park Avenue, New York City. I am chairman of the New York Physicians' Forum, and I am here representing them, too. I should like to address myself very briefly, Senator, to one of the last questions you posed, What can we do about it?

Senator PEPPER. Doctor, will you allow me to ask you, before you do that, how long have you been practicing medicine?

Dr. BOAS. Since 1914.

Senator PEPPER. Where did you go to school?

Dr. BOAS. The Columbia University, both college and medical school.

Senator PEPPER. Are you a member of the American Medical Association?

Dr. BOAS. I am.

Senator PEPPER. How long have you been a member of that organization?

Dr. BOAS. Since 1917, I believe.

Senator PEPPER. In good standing with the organization?

Dr. BOAS. In good standing.

Senator PEPPER. Did you say you were president of the New York Physicians' Forum?

Dr. BOAS. Chairman, that is right, sir.

Senator PEPPER. Would you make just a brief statement as to what was the purpose for which that forum was organized?

Dr. BOAS. The forum was organized originally to take care, on the county society level, of what some of us thought were obstructive policies in relation to problems of improving medical care. We had the impression that the attitude of the organized profession was largely that the practice of medicine was a vested interest and that it had to be protected, and that ideas put forth from the point of view of improving the service to the people at large often were opposed because they ran counter to the traditional method of doing things, and we felt, both ourselves and our colleagues needed some education in the field, and we got together to study the matter and to exert what pressure we could through our local society.

Senator PEPPER. Is that society composed of duly qualified and reputable, educated doctors and physicians?

Dr. BOAS. According to our constitution only members of the New York County Medical Society can become members of our forum.

Senator PEPPER. Would you say most of your members or all of your members are members of the American Medical Association?

Dr. BOAS. Practically all of them, because membership in the county society carries with it membership in the State and national organization.

Senator PEPPER. So, this is a group of physicians within the American Medical Association of good educational background and reputable membership in the county society?

Dr. BOAS. Yes, sir.

Senator PEPPER. Which is simply trying, to the best of its ability, to find ways whereby a larger number of people may receive more and better medical services than they are now receiving or under the existing system are able to receive?

Dr. BOAS. That is right, sir.

Senator PEPPER. Now, Doctor, we would appreciate your going ahead with the answer you were about to make to my question as to what we were going to do about it.

Dr. BOAS. I think you struck the kernel of the situation when you pointed out that the degree of medical care delivered to the people was not the private concern of only the physicians but was a matter that concerned both the Government, the physicians, and the public, that all three groups were essential to any development of any plans.

Now, there is a national committee on health and medicine, I think—I always forget names—the health and medical committee, which is composed only of physicians. Now, it seems to me that one of the first needs is to establish a health and medical committee which reflects not alone the special interests of physicians but these broader interests that we have discussed, and that committee, as far as its medical composition is concerned, should not be composed only of representatives of organized medicine but physicians of various points of view and philosophies should be included as well as, naturally, representatives of Government and of the public at large. Only in this way can an adequate policy be worked out both for the immediate present as well as for the post-war period.

Now, to come back to the questions that Dr. Richardson touched upon, the practice of medicine is really a private enterprise. Each practicing doctor has a small business of his own, requiring capital, this, that, and the other thing. Now, it is very difficult to ask such a

man suddenly to pull up his stakes, and go to some distant point, make a new investment, and then wait for something to happen, and maybe have an income and maybe not.

Moreover, as Dr. Richardson also pointed out, medicine is passing the stage where the general practitioner with the little black bag can handle everything. If you have a community of many thousands of people, you are not going to help them much by setting up two or three general practitioners there; what you have to do is set up a central clinic and the group of doctors working in the clinic equipped with various important specialties, doctors who are specialists, who will work together, and in that way give the whole community a complete medical service, whether it be surgery, medicine, obstetrics, eye, or what not. It has been shown by experience that such an organization saves medical manpower because it avoids duplication and gives much better service.

Now, it would be very difficult to set up such groups by private enterprise alone. It would take a very long time. Intervention of the Government must come in. Now, of course, there are many ways in which that can be done, and I am not prepared to prescribe a way in which it could be done, but it is quite evident to me at least that such physicians would have to be salaried in some way. For instance, they might be commissioned in the United States Public Health Service. I do not see why recruitment for such a service cannot follow the same lines that is followed for the Army and in this way an adequate pool of physicians can be obtained and undoubtedly the thing worked out.

I am inclined to believe that, certainly for the time being, such a scheme would function well with voluntary enlistment. I know quite a few instances of young men who have been turned down by the Army for minor defects, such as flat feet or defective vision, who have written Procurement and Assignment and said, "We are free. We would like to help out. Where can we go? Where are we needed?" They have gotten inconclusive answers, they have not advised them at all as to what to do.

Then, there are many older physicians who, I believe, are willing to serve, and only when these methods fail would compulsion have to be employed.

Senator PEPPER. You suggest, then, Doctor, that if the Public Health Service were to take the responsibility for meeting adequately the problem of making the maximum use of the medical facilities which we have or can provide, then one of the things that the Public Health Service might do is to make possible or encourage voluntary enlistment of doctors, and then the distribution of those doctors in places where services of that sort were most needed, and in that way there could be a very great improvement in the situation?

Dr. Boas. I believe so.

Senator PEPPER. But obviously you seem to have in mind that there has to be some one agency that has the public interest primarily at heart which will try to find, within the spirit of our institutions and as much upon the voluntary principle as possible, the best way to meet the medical needs of the Nation?

Dr. Boas. That is right.

Senator PEPPER. You cannot have that authority split up among several different agencies.

Dr. Boas. That is right.

Senator PEPPER. And expect it to be dealt with in an adequacy of comprehension.

Dr. Boas. Certainly.

Senator PEPPER. Now, then, obviously that agency that concerns itself with the public health will work upon all aspects of the problem, sometimes in a preventative capacity, sometimes in a curative effort; it will sometimes require the redistribution of doctors in some proper way; it will sometimes require the installation of new hospital facilities and the like; sometimes the going into effect of certain public health measures having to do with sanitation, and the like; it will be, however, a program that will have some breadth of comprehension, and where there will be one agency that will keep the whole problem out in the fore.

Dr. Boas. If you will excuse me, you express it very well, sir.

Senator PEPPER. If we have an effective organization of that sort, if, for example, the doctor who was invited to volunteer might have some public agency to cooperate with him in arranging his business in the place from which he might be requested to leave, or in some other way assist in the redistribution problem, why, there might be ways worked out whereby the hardship could be made as little as possible upon the doctor volunteering his services. In fact, out of fairness to him, would not it be desirable for the agency that had the responsibility for this problem be in a position to do certain things to minimize the burdens and to make adjustments or make provisions that would be as little burdensome upon the individual as possible while contributing to the public interest?

Dr. Boas. Yes. Under such circumstances as we have been discussing the men would not be sacrificing any more than their colleagues who entered the Army. They can be commissioned in different branches of the service and get about the same salary.

Senator PEPPER. Of course, he would be in the service only for the duration of the war.

Dr. Boas. Certainly.

Senator PEPPER. Then, he, like all the other doctors, would expect to go back to his practice, or go back to whatever location he might choose?

Dr. Boas. Yes.

Senator PEPPER. And if you feel confident, if we had a comprehensive program where, for example, the Public Health Service really attacked this problem, that it would get cooperation generally from the doctors?

Dr. Boas. I am sure it would.

Senator PEPPER. Any questions, Senator Millikin?

Senator MILLIKIN. Doctor, has the American Medical Association evolved any plan of its own for handling this situation?

Dr. Boas. Well, to my knowledge they have not evolved any plan that works. I mean they have on paper said:

We have lists of all the physicians with their attainments, where they are and what they work at.

Senator MILLIKIN. Have they attempted some voluntary allocation of physicians?

Dr. Boas. First of all, they have insisted it is going to be done on a State basis; as you know, each State licenses its own physicians. If a doctor is needed in Florida and he has a New York license, he cannot practice in Florida. No matter how much the P. M. A. desires it, until he has passed his examinations down there he cannot practice. That applies throughout the country. The very States that need doctors most are those that are the most strict about doctors. New York, Pennsylvania, Massachusetts, Illinois have a surplus of doctors but they cannot send their doctors to other States unless there is some Federal provision for it.

Senator MILLIKIN. Of course, in normal times I can see where there might be very serious constitutional questions involved which might, of course, be overcome for the reason of the emergency of the war.

Have the methods of the American Medical Association worked? Have they been successful?

Dr. Boas. In certain respects they have been successful. I think they have a vast amount of information about medical manpower. I think that the armed forces have been able to find out where men with certain attainments, and so forth and so on, are. The P. M. A. has, with varying success, determined the men that are essential to the civilian service and the men who are not. In some communities it has worked. After all, this is done on a county level. As each county society lists the names sent up the men would either be drafted or would be volunteers of the armed services, and these local county committees have to go over the names and decide who is essential and who is not, and since there are hundreds of such counties in the United States we expect some are efficient and some are not. I think, up to a certain point, they have done a good job, but I think they lack both the authority and vision to see the job to its final conclusion.

Senator PEPPER. Do you know of anything that this committee has said or done that would indicate antipathy toward the American Medical Association and do you know if what you have done exhibited any antipathy or animosity toward that organization.

Dr. Boas. Not to my knowledge. I personally have exhibited impatience toward the American Medical Association at times, but not animosity.

Senator PEPPER. It is due to your concern for wanting to give the best possible aid to be given to public health?

Dr. Boas. Yes, sir.

Senator MILLIKIN. Mr. Chairman, I can see where some remarks might be construed as critical of the American Medical Association, so I would like to suggest that a transcript of the testimony of both of these physicians be furnished to the president of the American Medical Association and he be given an opportunity to reply, if he wishes.

Senator PEPPER. Surely, it will be a pleasure to do that.

Dr. Richardson stated he thought Dr. Fishbein was the executive secretary of the American Medical Association.

Dr. Boas. His prime job is editor of the Journal.

He is called editor and general manager.

Senator PEPPER. Of the Journal?

Dr. Boas. Yes.

Senator PEPPER. What position does Dr. West have?

Dr. Boas. He is the executive secretary.

Senator PEPPER. He is the executive secretary of the American Medical Association?

Dr. Boas. Yes.

Senator PEPPER. I judged from what you or Dr. Richardson said that probably you would have answered a question on the questionnaire that I received sometime ago similarly to the way I answered it. I believe the question was, as I best recall it: "Would you leave the formulation of programs for the public health entirely to the medical profession?" My answer was: "Not to the exclusion of other agencies and public agencies." Is that the way you would answer that question?

Dr. Boas. Yes. You see, the profession, of course, has to play an important role because they are experts and technicians, but, after all, just the same way as a community would decide where they want a bridge placed, over what river, and what engineers they will call to do the job, so I think the public must decide what level and types of medical care they want for their services, and then they must call in their doctors and ask them how they are going to do this. In that way, there must be a division of responsibility.

Senator PEPPER. Just like the general and the military authority. After all, Congress declares the war, the President is the Commander in Chief, then the generals of the military and naval people carry out the details of the public policy that is decided by the responsible agencies.

Dr. Boas. Yes.

Senator MILLIKIN. I should like to suggest, Mr. Chairman, there is no novelty in the thought that the public has an interest in public health. I would remind the witnesses that the very right to practice medicine grows out of such statutes, that every State has a code of health which has been enacted into legislation through the will of the people; that most States have boards of health which proceed from the will of the people, from the views of the people on the policy of public health, and it would strike me not as novel to assert that the public had an interest in public health but it would strike me as very novel to assert that the public did not have that interest. I was wondering if there was any intimation that anyone with responsibility has suggested that the public has not an interest in public health?

Dr. Boas. Well, Senator, all I can say is that in medical organizations, when it does come to the discussion of plans for medical care—I am not referring to the plans we are discussing now—physicians, that is the organized profession, have always insisted: "Well, this is our business. We know all about it. We will decide what should be done." If there had been medical-care plans established—as an instance recently in Massachusetts, by the State society—they took very great pains to see to it that both the people of Massachusetts were to be served by this plan and the complete control of the plan,

from top to bottom, was by doctors. That is their prepayment health plan. I think that is a mistake.

Senator PEPPER. I think Senator Millikin was not here the day Dr. Fishbein appeared before the committee. There have been two editorials which appeared in the American Medical Association Journal which indicated this charge, not very heavily veiled, that this committee was conducting an inquisition, and particularly with reference to the chairman personally and singly—an inquisition against the American Medical Association. So I wanted to show in the record that this committee is simply concerned with protecting the public health and wants to use the assistance of every worthy person in every possible way. Of course, we cannot allow any group, whether it be the admirals or the generals or the President, or the American Medical Association, or labor, or anybody else, to cause us to abrogate our public oath and responsibility to try to do here as legislators what we think is in the public interest. We began to look into this problem, and found a very great dislocation of doctors, found that the Army and Navy, through the Board of Procurement and Assignment, had been taking in doctors without regard to the way the civilian population was going to be served, which perhaps exposes the civilian population to epidemics without medical care, and certainly exposed large segments of the population to lack of medical care and facilities to look after their health, and showed the probability that the production behind the lines would be slowed down because of absenteeism on account of sickness.

We who were concerned about the maximum use of our manpower could not ignore the question and the relationship of public health to the question of the maximum and most efficient use of our manpower, and that is the reason I suggested to Dr. Richardson that I would be glad to have any suggestions from you gentlemen, or anyone you can call to our attention, who can show us how the Nation can more effectively win the war by being on the job more efficiently. The thing we would like is constructive suggestions, because Dr. Parran, for some reason or another, did not seem disposed to offer a constructive public program to us. He seemed to be under some obvious restraint to show the committee how we might have a more efficient working population by having a healthier people.

That is what we want to know about. We welcome the reference to Dr. Miles Atkinson, to see how the British have handled the problem.

Have you any suggestions, Doctor, as to anyone who can give us helpful contributions on that subject? Do you know of any writers or doctors or students who have made studies of a more effective public-health program, or of such public-health officials who can come in with a program that we might get some help from?

Dr. Boas. I do not know if you would have a complete, definite program, but Dr. John P. Peters, professor of medicine at Yale University, has been in the forefront of those who have been studying all these matters of medical care.

Senator PEPPER. What is his position again?

Dr. Boas. He is professor of medicine in Yale. That is Dr. John P. Peters.

Senator PEPPER. All right. That is very good.

Are there any other suggestions that either you or Dr. Richardson or anyone present desires to make?

Senator MILLIKIN. May I ask one more question, please?

Senator PEPPER. Yes; certainly, Senator.

Senator MILLIKIN. I was driving to the distinction between what is best and what is practicable, and recalling your testimony on the subject of clinics, the value of clinics as distinguished from the value of individual practitioners' services. Would it be practical to set up the clinics where we now have the so-called country doctor? Would not that make an enormously larger draft on the medical manpower of the country?

Dr. Boas. I was thinking, Senator, of the large new industrial communities. I was not thinking of doing that all over the country.

Senator MILLIKIN. I felt certain that that distinction was in your mind, because obviously we cannot set up a clinic wherever we had an individual doctor.

Dr. Boas. No. I was thinking of these large mushroom towns where thousands of people have come in that are without medical facilities.

Senator MILLIKIN. I would like to say if there is anything in the record that indicates any criticism on the part of this committee to the physicians generally, or the American Medical Association, I should like to disassociate myself from that criticism. I repeat that a transcript be furnished to the American Medical Association, so that they may reply to anything that they feel is critical of them.

Senator PEPPER. We will be glad to do it. Dr. Fishbein was given an opportunity the other day, at his invitation, to appear before the committee, and anyone who desires to come would be given the full opportunity to do so. We will be very glad to do that.

Doctor, we are very much obliged to you, sir. You have been very helpful to us.

Now, then, we will meet at 10 o'clock tomorrow morning. President Brown, of the Electrical Workers' Union of the American Federation of Labor, will be the first witness. Dr. Bundesen, of the Chicago Public Health Service, will be the following witness. Those will be public hearings.

Now, then, beginning at 2:30, Mr. Conant, vice president of the Douglas Aircraft Co., in charge of production, will appear on S. 2871. That will be, however, I am sorry to say, in executive session. That is the first witness under our announced intention to hear witnesses on S. 2871, and he will appear at 2:30 tomorrow afternoon. The other hearings tomorrow morning will be public.

(Whereupon, at the hour of 4:38 p. m., a recess was taken until 10 a. m. of the following day, Tuesday, November 17, 1942.)

INVESTIGATION OF MANPOWER RESOURCES

WEDNESDAY, NOVEMBER 18, 1942

UNITED STATES SENATE.
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR.
Washington, D. C.

The subcommittee met, pursuant to notice at 10 a. m., in the committee room, the Capitol, Senator Millikin, presiding.

Present: Senator Millikin.

Also present: F. P. Weber, special assistant to the committee.

Senator MILLIKIN. Let the record show that Chairman Pepper is unavoidably absent and he has asked me to preside.

We will hear from the first witness, Mr. Wegner.

STATEMENT OF A. L. WEGNER, REPRESENTING E. J. BROWN, PRESIDENT, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

Senator MILLIKIN. State your name and your position with your organization, Mr. Wegner.

Mr. WEGNER. A. L. Wegner, assistant to the President of the International Brotherhood of Electrical Workers.

Senator MILLIKIN. Mr. Wegner, unless your prepared statement will give us the facts, will you tell us something about your organization.

How many men are in it?

Mr. WEGNER. I believe, Senator, my prepared statement will give you most of the fact, and I will be willing to submit to questioning thereafter.

Senator MILLIKIN. Very well.

Mr. WEGNER. The whole question of the full use of manpower in the present war emergency turns on sound administrative practice rather than on enumeration of individual workmen. It is the position of the International Brotherhood of Electrical Workers that the so-called labor draft, if instituted, and the practice of freezing men to the job, except on occasional instances, rather than to increase total production, would greatly lessen it by lowering morale.

This thesis is based upon our experiences over the last 2 years in meeting the war emergency by supplying men at the right time, at the right place, at the needed moment. Up to the present moment our organization has been able to supply the needed men for war production and for construction work in a reasonably short time. Sometimes it has been 48 hours; sometimes it has been 72 hours; and sometimes it has been longer. The elapsed time has been determined not by a dearth of men but by the long distances which these men have been forced to travel, and by the necessity of rounding these men up at scattered points.

We further take the position that labor conscription and chaining workers to jobs is a lazy way to do a managerial task. We do not believe that it is inaccurate to state that if the Manpower Commission had functioned administratively at its full powers, these problems would have been solved. We realize that the Manpower Commission fell heir to an employment service that was greatly handicapped by the fact that it had been created on a State level and that it is still controlled on a State level by reason of the fact that the Congress forbade the United States Employment Service, when this Service was federalized last January, to raise the pay of the local employment managers and to assume full control of the Service. These are the problems this committee should be considering and not the totalitarian practice of the labor draft and tying workers to the lathe or mill.

We should like to state, too, that we believe that labor has done a colossal job in this hour; that the unions have performed placement services for which they have received very little credit; and that without the unions and their placement services this job would have been a failure.

The International Brotherhood of Electrical Workers has approximately 240,000 members. These were scattered throughout construction, railroads, navy yards, radio, utilities, manufacturing, and communication. When the great production effort began, it was necessary to round up from those cities where there was a surplus of workers the needed men, and to place them in shipyards, in war plants, in airplane production, and in other top essential jobs. The union methodically went about this task and, through cooperation of our 1,000 local unions, we were able to meet the crisis. We are still manning jobs. There are occasional points today where there is a dearth of electricians, but we are plugging these holes and will continue to do so.

We want to state that we believe that the talk of labor shortage is largely a theoretical point. Statisticians take over-all production figures, estimate the probable workers needed for this production, extent this line of theory into the future, and then predict dire shortages. One of the things that these statisticians fail to do is to weigh the fact that so much of the new war production is mass production, with mechanization brought to a high pitch which tends to eliminate the potential need of workers. We believe that a second point that this committee should consider is that mechanization of the war industries and the tendency to displace men by machinery.

We are aware also that one proposal of the present hour is to increase the working week from 40 to 48 hours. As a matter of fact, most of our electricians are now working 48 hours or more, so the whole point is to cut down the income of workers and not increase the number of workers available for jobs. This solution is no solution of the manpower problem at all. It is merely an effort to cut down labor's income in this period which, we take it, will leave more money for employers to make profit.

We welcome this study made by your committee because we believe that politics are being played with the manpower problem. We resent the implication from some quarters that labor isn't efficient, and we resent from other quarters the idea that labor needs to be compelled to do its patriotic duty.

In conclusion, may we say that we are fighting this war for freedom and voluntary action and not for compulsion. We believe that the very request from the Manpower Commission that labor conscription be put into effect is a confession of its own failure in a great administrative task.

Senator, that is our formal statement.

Senator MILLIKIN. Mr. Wegner, how much, if any, unemployment is there in your organization at the present time?

Mr. WEGNER. You mean among the whole organization?

Senator MILLIKIN. Yes.

Mr. WEGNER. We haven't compiled any figures on that. The New York area has suffered more, lacking employment opportunities than any other locality that I know of.

Now it is impossible for me to estimate what our unemployment situation at the time is for this reason: Today the information that we have may indicate that all of our people are employed, and tomorrow we may get a report that a large number of men are being removed from a job in one locality or another. We get wires from time to time advising us to that effect. That is when we start making inquiry as to where the men are needed and we make the necessary arrangements to induce them to move to these other localities, to migrate into these other localities.

Senator MILLIKIN. It has been developed here that, oh, probably within 6 or 9 months, the bulk of new war plants will have been completed, and I assume that your men are heavily employed in those new war plants, and on that assumption that, of course, would bring about a condition of unemployment, unless there is a development of some new war activity of some kind.

Would you go along with that?

Mr. WEGNER. This is happening. Because of priorities, there are certain phases of the electrical industry that have had to curtail their activities a great deal, and, in some instances, have ceased entirely.

Senator MILLIKIN. Yes.

Mr. WEGNER. What we have done is institute a kind of restraining program in the various localities. Our local unions generally make those arrangements for retraining men to fit into other localities.

I have in mind one instance where it was necessary to do a lot of lead burning in connection with a chemical plant. The local union bought the equipment and took men who were accustomed to burning torching for welding and burning steel and trained them to burn the lead.

Now, that is just one of the many activities of our local unions. We do not have a program directed from the international on retraining. We do have an apprentice training program directed from the national headquarters.

Senator MILLIKIN. Have you estimated the average age level of your men who are now working?

Mr. WEGNER. No; we haven't given it any thought.

Senator MILLIKIN. Of course, the younger men, I presume have been conscripted, mostly, unless they have been working on some very essential war activity.

Mr. WEGNER. Well, this conscription of men is changing so fast that it is pretty hard to keep up with it. I would hesitate to say how many of our men have been conscripted until I check the record.

Senator MILLIKIN. With reference to your comments on the employment service, what sort of cooperation has your organization had from the Federal Employment Service?

Mr. WEGNER. We have a publication referred to as the Electrical Workers Journal, and we run articles in that journal which reach the bulk of our membership, suggesting full cooperation with the Government unemployment offices.

Senator MILLIKIN. Do you get many requests for men from the Federal Employment Service?

Mr. WEGNER. We wouldn't receive them here, Senator. The local unions do.

Senator MILLIKIN. And I assume they work rather close together?

Mr. WEGNER. Yes; they do.

Senator MILLIKIN. You made some comments on the transition of the State employment services into the Federal Employment Service, and I rather gathered from those remarks that you thought there was a certain inefficiency in the State employment services, and perhaps that had carried over into the Employment Service, and might be responsible for some roughness in that Service. Did I interpret your remarks correctly?

Mr. WEGNER. I don't want to construe it as actual inefficiency. I prefer to say that because each State operated their unemployment offices in their own manner, it naturally followed that there was a lack of coordination. This, of course, would create inefficiency.

Senator MILLIKIN. In peacetime, of course, there is an interstate problem, but I venture to suggest that the bulk of the employment problem is an intrastate problem.

Mr. WEGNER. During peacetime, Senator?

Senator MILLIKIN. I am speaking of peacetimes.

Mr. WEGNER. Yes.

Senator MILLIKIN. I would like to ask whether your remarks were intended to be critical of State employment systems in peacetimes?

Mr. WEGNER. No; they were not.

Senator MILLIKIN. You had some comments on the subject of lengthening the work week to release a pool of workers for war work, and you made the point, as I recall your testimony, that your men are now working about 48 hours. Did I get that correctly?

Mr. WEGNER. I would say that 48 hours is a minimum.

Senator MILLIKIN. A minimum?

Mr. WEGNER. Yes.

Senator MILLIKIN. Now, that is largely true, is it not, in war work?

Mr. WEGNER. Oh, yes.

Senator MILLIKIN. In that large segment of our economic activity which has not yet been turned into war work, do not most employers who are subject to the Wagner Act restrict their work to 40 hours for the reason that because of competition—and in that non-war-work field there is still competition—they don't feel that they can pay overtime and successfully compete? I am not speaking of the war side at all. I am speaking of what remains of our normal economy.

Mr. WEGNER. I am sorry. I don't understand your point.

Senator MILLIKIN. Well, let us start a little further back.

In the field of war activity, I think the testimony here shows that men in almost all crafts are working more than 40 hours.

Let us put that aside.

Mr. WEGNER. In the field of war work.

Senator MILLIKIN. Yes; in the field of war activity.

Mr. WEGNER. That is right.

Senator MILLIKIN. Let us put that aside now and direct our minds solely to that field of our national economy which has not yet been turned over to war work. In that field would you say it is true that most employers are limiting work to 40 hours because they do not want to pay overtime?

Mr. WEGNER. It is my opinion that an employer always avoids the payment of overtime. There are some instances where employers, who are not directly connected with the war industries, are working men 40—more than 40—hours and paying the overtime rate.

Senator MILLIKIN. I think you are quite right.

Mr. WEGNER. As a matter of fact, I have in mind the case of a power company that one of our local unions is negotiating with, where the management is proposing that they work a certain number of hours overtime every day.

Senator MILLIKIN. Might it be true in that case, that the power company would be somewhat analogous to a war industry in that its costs, whatever they are, are in the end paid by the Government, or, in the case of a power company, by the consumer, and that therefore they are not required to be as careful about overtime as a private employer might be, in active competition with other private employers?

Mr. WEGNER. Well, Senator, strange as it may seem, almost every industry that we have members working in is connected either directly or indirectly with the war effort.

Senator MILLIKIN. I would think that would be the case, and in that kind of a case, I think you will agree with me that the question of overtime is not particularly important, because the Government, in negotiating its contracts with war industries, figures on overtime and encourages overtime to the extent it is necessary to get out the production. That is the reason I was putting that to one side and trying to get the picture of what happens with other private employers and therefore, as you suggested a while ago, must be careful not to pile up his costs in payment of overtime.

Mr. WEGNER. Well, I was trying to think of an industry we have members working in that is remote from any of the war effort, and I really cannot think of anything. Almost all electrical apparatus finds its way into the war industry. You take even the radio, radio broadcasting is playing a very important part today.

Senator MILLIKIN. Your men have almost been compelled to go into war industries because the material for electrical work is now almost entirely restricted to war industry.

Mr. WEGNER. That is right.

Senator MILLIKIN. You can't buy refrigerators?

Mr. WEGNER. That is right.

Senator MILLIKIN. You can't buy the other things that used to give employment to electrical workers.

Mr. WEGNER. Off the record, I might say this, I know that, by reason of the fact that I have a daughter who is going to get married, and they can't buy the refrigerator and stove they need.

Senator MILLIKIN. The reason I was pursuing that line of questioning, which I concede is not very applicable to your particular

craft, is that for my own information, I would like to know what, if any, pool of labor would be freed if the workweek in private industry were lengthened. I won't press the matter further with you.

Mr. WEGNER. Well, I am perfectly willing to answer your question. Senator MILLIKIN. I did not mean, in making that statement, I did not mean to infer that there was any lack of responsiveness on your part.

Mr. WEGNER. Let me go over the industries here that we have enumerated.

As you know, members of our organization play very important parts in the construction of all the war plants. Therefore, there would be no release from that source. The railroads play a very important part.

Therefore, releasing them there is practically impossible. Our people work in the navy yards. Lengthening the workweek would not release a source of manpower from there.

Radio: Radio is divided into two branches, the broadcasting and the manufacturing. If you attempt to release men from radio by lengthening the workweek, it would be almost infinitesimal by reason of the fact that there is not so many people employed in that as there are in some other industries.

Now, in the manufacture of radios it is highly important that these people who manufacture radios continue manufacturing radio equipment for both the Army and Navy and other military agencies.

Senator MILLIKIN. Yes.

Mr. WEGNER. Can't very well release them from the utilities.

Senator MILLIKIN. I am inclined to believe, from the statement of the types of activities that absorb your men, that there would be a very small release in that particular craft, if the workweek were lengthened, and I think it all goes back to your original statement, that your men now, because they are doing war work, are working 48 hours or more.

Mr. WEGNER. Yes; that is right.

Senator MILLIKIN. As to the wage angle of that subject, I think it can be at once conceded that if a man is now working 48 hours in war industry, or working more than that, he is getting 8 or more hours overtime, and that if you put that 8 hours on a straight-pay basis, you would lessen the amount of money in his pay envelope.

Mr. WEGNER. That is exactly what it would do.

Senator MILLIKIN. Now, by passing the war industry side of the picture and coming back to what is left of our normal economy, that part of the normal economy that is left, then you are working 40 hours, and to increase their workweek, to 48 hours, at the same base rate, that would not actually deprive them of money they had been receiving, and by working 48 hours they would have a larger pay envelope, because they do not work that many hours at their base pay; would that not be correct?

Mr. WEGNER. Well, naturally it would put 8 hours extra pay in their envelope. If that were done you would only get a ratio of one man to six from the utility industry, and I don't see, in any branches of the electrical industry, that you can create a reservoir of men.

Senator MILLIKIN. I am inclined, from your testimony, to agree that roughly that is correct in your craft. I was pursuing a general inquiry into other crafts in nonwar industry.

Mr. WEGNER. Well, you see, as I said awhile ago, our experience has been that a great many industries that are not directly connected with the war effort have either curtailed their activities or have passed out of existence entirely.

I am not trying to evade your question.

Senator MILLIKIN. No. I do not want to imply by anything I have said that you are.

Mr. WEGNER. I don't quite understand your point.

Senator MILLIKIN. I will restate my point. My point is simply this: In nonwar industry there is a considerable part of that that is operating on a 40-hour week; is that correct?

Mr. WEGNER. Yes, sir.

Senator MILLIKIN. It seems to me quite obvious that if you increased that to, we will say, 48 hours—and I am not assuming to even suggest how far that could be extended without damage to health, or without taking on dangerous fatigue factors, I am not assuming to suggest how long the workweek might be extended in nonwar industry. We can perhaps start with a basic week, we will say, of 40 hours, or any number of hours that is universally applicable to all trades. I can well see that, because of hazards, because of health factors, because of fatigue factors, 40 hours is less than a fair workweek in some crafts and it might be more than a fair workweek in other crafts. But in that field of nonwar industry, where you could extend the workweek a given number of hours over 40 hours without damaging health, without raising undue fatigue factors, and so forth, it seems to me quite clear that if that workweek in those industries was extended, you would automatically release a certain pool of labor for war work, and that in that field of activity, since they are not paying overtime at the present time, if the base pay were extended to whatever the new workweek would be, so far as that field of activity is concerned, we would not be taking money out of the pay envelope of the worker as we might be doing in the case of war industry where they are already getting overtime pay.

Mr. WEGNER. I don't think that is necessary, and I don't want this next statement to be accepted as a reflection on anyone, but I think this program is so huge that there were some things done that are forgivable. I think this, and I say now that I am in no way able to prove it, but I am telling you this as a practical man, as a man who has worked on construction jobs, that in the excitement and the feverish activity that came out of all this, there are jobs that were overmanned, and I think that condition exists today. I think in the beginning there was an inclination to put men on the jobs so that the men wouldn't go to other parts of the country, and as a result those jobs were saturated. I don't think anyone is to be criticized for that. It was the natural thing to do because everyone was concerned about getting their job done.

Senator MILLIKIN. Yes. In other words, in these war activities they were hoarding labor as some of these war agencies have hoarded material.

Mr. WEGNER. I think that actually occurred.

Senator MILLIKIN. And your suggestion is that if that were reappraised and reanalyzed, a sensible release of useless manpower that is being unnecessarily hoarded, and a release of materials that are

being senselessly hoarded, might also give us a new pool of labor and possibly a new pool of material?

Mr. WEGNER. I feel confident that if that was investigated you would find that that is a fact.

Senator MILLIKIN. I am inclined to think there is something in that.

Mr. WEGNER. Again I say I am not criticizing anybody. I say that the thing was so huge, and is so huge, that there was no possible way of avoiding some of the mistakes that were made.

Senator MILLIKIN. Well, it is human nature for every industry, where it is coordinated, to pile up as much manpower and as much material as it can while the going is good.

Mr. WEGNER. I think that is right.

Senator MILLIKIN. And you think that is what has been done?

Mr. WEGNER. I think that is what has been done; yes.

Senator MILLIKIN. I, too, think there has been a lot of that. I believe there has been some other testimony before this committee to that effect.

Mr. WEGNER. Frankly, I had intended not saying that because I know that there are some people that may regard it as a reflection. I do not intend it that way. I think it is a condition that was hard to control. It is very possible that had I been in the position of administering and conducting the activities of some of these jobs I would have done everything I could to keep men available.

Senator MILLIKIN. Does that not all lead to the conclusion that since that has happened through lack of coordination of the civilian program, that the answer is to have a coordinated civilian program?

Mr. WEGNER. I thank you are right. I think your observation is in line with what I said a while ago about coordinating the activities of the employment offices.

Dr. WEBER. Mr. Wegner, may I pursue that line of questioning that the Senator has engaged in? I think he was trying to raise, was raising as a matter of fact, the point in relation to the question of hours as to really how we can best utilize the available labor we have in the Nation, and as I understand it you are saying that this is primarily an administrative job, to get the thing functioning smoothly and as I understand you were saying that industry today can be divided into two classes, one direct and immediate war work, and on the other hand essential civilian production, those two items, and everything other than that. I would take it, it is your position, should be curtailed or eliminated, in whatever way was necessary.

For instance, we have had concentration programs in several industries, putting the essential products, for civilian purposes, in a few plants, and releasing both labor and management and equipment for war work into other plants in that industry. That was an example of releasing a pool of labor for war work. Another aspect of the same problem of proper use of the available labor is that question of hoarding, and it has been frequently proposed to the committee that a system of labor utilization inspectors be created to check on the question of overstaffing and hoarding of skills, and it has also been proposed that a retraining program be established, and an upgrading program, and a break-down of skills, a spreading of skills, skilled labor over men semiskilled, unskilled workers, that was all a part of

the program of using the pool of labor that we have in the most efficient manner.

Now, would you say that rather than concentrating the attention upon lengthening of the workweek, and so on, that what the Federal Government should attempt to do is to go at the manpower problem from an over-all standpoint, taking each piece of this problem, the pieces that I have mentioned, the question of hoarding of labor, training and dilution program, concentration of nonessential civilian industries, or all industry, civilian industries, but all of these things have to mesh into an over-all plan for using the available labor, getting it to the right place at the right time, and so on.

So that from your standpoint it would be true that the concentration of attention upon the length of the work week is really missing the point in that what we need is an over-all study and plan of the use of labor in all phases, of both the war effort and the civilian goods industries?

Mr. WEGNER. I will say a thorough analysis of all industry. I am satisfied that there is a lot of imagination about the number of people that will be made available as a result of lengthening the workweek, and you can only find the answer by making a thorough analysis of all of the industries.

Does that answer your question?

Dr. WEBER. Yes.

For instance, if we were to pursue Senator Millikin's line of thought, that the workweek might well be lengthened in noncivilian industries, how would you be able to define the nonessential civilian industry in relation to the war effort, and if we could define the civilian industry as nonessential, why shouldn't we eliminate that industry for the duration of the war, curtail it completely, shut it down?

Mr. WEGNER. I don't see how you could determine a nonessential industry.

Dr. WEBER. Well, they are attempting to do it down at the War Production Board, and they are cutting materials off from those industries, and there are industries which have been shut down for the war, or will be shut down, and an example is your own situation in construction, nonessential civilian construction is constantly being reduced to a minimum, and there is a possibility that in the next 9 months the wartime construction is going to be through, in the main.

Mr. WEGNER. Yes; but, Mr. Weber, where they have declared priorities—I think that is what you have in mind—and declaring that priority has had the effect of shutting down an industry, isn't this what occurred, they had a problem to deal with, they had to do the thing that appeared most important to the war effort?

Dr. WEBER. That is right.

Mr. WEGNER. And they didn't have time to analyze and find out what the consequences would be to this industry, they just did what they thought would serve the best interests of promoting the war effort.

Dr. WEBER. That is right.

Mr. WEGNER. We didn't have time to analyze it.

Dr. WEBER. That is right.

Senator MILLIKIN. I think perhaps Mr. Wegner's suggestion is that the whole field deserves a reappraisal and that all phases of it, includ-

ing the effect of extending the workweek in nonwar industry, is a part of the whole program, which includes hoarding and upgrading, and more intelligent coordination of the whole effort.

Mr. WEGNER. I want to tell you of an activity that we promoted in our organization a little over 2 years ago. We sent out a circular letter to all of our local unions advising them that there was going to be a need for men in the war industries and for them to make a survey of the individuals whom they had had contact with in the past, who may have been members of the organization and for various reasons passed out of the organization, and you would be surprised what a great help that has been to us in manning jobs.

Now, that is what I had in mind when I talked about making a thorough analysis. We started at this thing more than 2 years ago, and we have been able to man our jobs fairly well considering the fact that we have had to send the men to all parts of the country. I might add that those men paid their own expenses. The Government paid no part of the cost whatever in transporting the men from one part of the country to the other.

Senator MILLIKIN. I think it is clear from the general tenor of your statement, and am I correct in drawing the inference from all of your remarks, that you believe that this thing can be worked out on a voluntary basis, or at least an attempt should be made to work it out on a voluntary basis before we come to compulsory shoving around of people?

Mr. WEGNER. Very definitely. I think this, that if you attempt to do this on a compulsory basis, the effect on the morale of the people involved will lower efficiency immeasurably.

I want to make one more statement. It is my opinion that within the next few months there will be so many men coming off of these construction projects that you will actually have an unemployment problem in the construction industry.

Senator MILLIKIN. Are you speaking generally?

Mr. WEGNER. Yes; I am speaking generally.

Senator MILLIKIN. Yes.

Mr. WEGNER. It is my opinion that within the next few months there will be so many men coming off of the construction jobs in all the trades that you will actually have an unemployment problem that won't show on the surface.

Dr. WEBER. This is a prospective unemployment, one that you can almost predict ahead of time. Has the American Federation of Labor discussed this as yet with the War Manpower Commission?

Mr. WEGNER. I don't know.

Dr. WEBER. You indicated that in the last 2 years in the construction program your union guided the migration of many of these workers to construction projects and that these workers paid their own transportation costs.

Mr. WEGNER. That is right.

Dr. WEBER. Let us say they went in their cars, they paid high rents at these construction projects, they had a free—not a free supply of gasoline—but they could buy gasoline, and today that is not true, and today the tires are wearing out, their gasoline is rationed, and the possibility is that 3 months from now, as they come off these con-

struction projects, hunting around, or being transferred through your union to new work, and so on, or the small retraining projects that your union has undertaken, it would seem clear that those measures are not going to be adequate 3 months from now. That is to say, your union is not going to be able to handle their retraining and their transfer and they are not going to be able to hunt for jobs as they have in the past; it is more or less of a predictable problem, and yet neither the union nor the Manpower Commission has undertaken to analyze what retraining will be necessary, or how they will shift these workers when this unemployment occurs.

Is that a fair statement?

Mr. WEGNER. Well, I think 3 months is a little bit short.

Dr. WEBER. Six months?

Mr. WEGNER. I think that the mechanics that will be coming off of the construction jobs will need very little retraining to go into these war-production plants. I mean, as a whole.

Dr. WEBER. But they very frequently will have to change their present residence.

Mr. WEGNER. Unquestionably. There will be a migration back to their home locations. That is what is going to happen.

Dr. WEBER. Or they will have to migrate to the centers of war work.

Mr. WEGNER. But they will first attempt to migrate home. That is my opinion.

Dr. WEBER. Yes.

Mr. WEGNER. I want to add this, that we also sent out a circular letter to our people, advising them that they keep us fully informed when men are available in their localities and they do that repeatedly, and we have always taken care of finding a place to send those men to when they become available.

I merely mention that as an activity of our organization.

Senator MILLIKIN. Thank you very much, Mr. Wegner, for giving us the benefit of your testimony.

Mr. WEGNER. Could I make two more statements?

Senator MILLIKIN. Yes; surely. Go ahead.

Mr. WEGNER. Consideration must be given to the fact that housing facilities, bad housing facilities, have had something to do with creating a mythical manpower shortage on some construction jobs and in some localities.

I can give you a positive illustration of that, if you care to investigate it. It is in Brunswick, Ga. This town—there is shipyard work going on down there and the people live in trailer camps and such as that—the toilet facilities are almost unbearable and people are not only leaving there but they are also refusing to go to work there when they arrive and see what the conditions are.

Now, that has the effect of creating what appears to be a manpower shortage when, as a matter of fact, people just refuse to live under the conditions that exist there. I think that investigation should be made of that situation at Brunswick, Ga.

Senator MILLIKIN. What is the particular industry at Brunswick, Ga., to which you refer?

Mr. WEGNER. There is a Navy air station there under construction; shipyard work going on; and there is a housing project—all at Brunswick, Ga.

The housing facilities are unbearable, and I suggest that an investigation be made of that situation. Such things as that have created a mythical belief that there is a manpower shortage.

Senator MILLIKIN. You believe that there might be enough of that over the country, taken altogether, so that it would reach substantial figures?

Mr. WEGNER. I think this, Senator: That that occurred in more than one instance, and the effect of it was that people had an idea—people administering the construction of the project had the idea that there was a manpower shortage when, as a matter of fact, the people who went there to perform the construction work simply would not stay there.

The same thing applies to gasoline rationing. This has happened. A project may be located in an isolated spot which would require driving 40 or 50 and 60 miles a day. One way, I mean.

Senator MILLIKIN. Yes.

Mr. WEGNER. When the gas rationing took effect here in Washington, I don't know how many calls I had about work around Norfolk, men became alarmed because they couldn't—they didn't have the means of transportation back and forth between their work and home. After a while we got it adjusted and they were given supplemental gasoline-rationing cards.

But the psychological effect of it was this, the men felt that the gasoline rationing was going to put them in a position of being stranded here, without enough gasoline to get away from the locality and return to their homes or migrate to a job in some other locality.

Now, that then had the effect of creating a manpower shortage on that particular job. There was not an actual manpower shortage. Men were available. But they would not stay there because of the things that were happening.

Senator MILLIKIN. As the local rationing boards become more efficient in the granting of supplemental gasoline rationing to fit needs, that particular situation which you describe as a mythical shortage will tend to disappear altogether; is that not so?

Mr. WEGNER. Yes; but we are having that kind of a problem right now at Brunswick, Ga. I talked to our man from Atlanta this morning. The rationing board, apparently, from the information he gave me, is taking the position that they have to be on the Government pay roll. A man working for a construction contractor is not regarded by the rationing board, in that instance, as being entitled to supplemental rationing. I talked to our man this morning about that situation.

Dr. WEBER. You say that previous to the gasoline and rubber problems, the labor market in many of these areas was much larger, that is to say, you could take Brunswick, and draw a circle around it for 75 miles; they could find a house, they were within that area, and labor could be drawn from a much larger area then, but with the gasoline shortage that labor market has shrunk so that the radius now may not be more than $7\frac{1}{2}$ or 10 miles, and the housing facilities have to be within that area?

Mr. WEGNER. That is right.

Dr. WEBER. And they have to live within that area?

Mr. WEGNER. Yes.

Dr. WEBER. It means that the housing problem has become unbearable with this new factor coming in; the housing market has

shrunk, and the available labor market has shrunk, and this problem has not been met in any over-all way by the Federal Government because it has no transfer program, and the housing program was not geared to a situation of that kind, housing was programmed on the basis of a much larger local labor market, and all of these problems have been met piecemeal and in a generally inadequate fashion, and many of the manpower shortages are related to these new and changing conditions.

Mr. WEGNER. Yes.

Dr. WEBER. And Brunswick is an example of that.

Mr. WEGNER. Yes. Again there is that matter that I mentioned awhile ago, the problem is so huge that a lot of these things came about and everyone just did the best they could. For illustration, the local union that I belong to normally has 75 members, who work in the construction branch of the electrical industry. They had one project that required 550 men and we recruited men from various parts of the country.

That project is now down to about 150 men and those fellows have all migrated out again to the four corners, at their own expense.

Senator MILLIKIN. Thank you very much, Mr. Wegner.

Mr. WEGNER. You are entirely welcome, Senator. I hope I have given you the information you are looking for.

Senator MILLIKIN. Thank you.

The next witness is Dr. Martha Eliot.

STATEMENT OF MARTHA M. ELIOT, M. D., ASSOCIATE CHIEF OF THE CHILDREN'S BUREAU OF THE DEPARTMENT OF LABOR

Senator MILLIKIN. Will you state your name, please, Doctor, and your professional connections?

Dr. ELIOT. Dr. Martha M. Eliot, Associate Chief of the Children's Bureau of the Department of Labor. I am in charge of the health and medical services that are developed through the cooperative Federal-State program under title V of the Social Security Act and also other health services and studies made by the Children's Bureau. I am a pediatrician by experience and training.

Senator MILLIKIN. Doctor, go ahead with your statement in your own way.

Dr. ELIOT. I have been very much interested in this problem of the shortage of physicians that has been developing in this country as a result of the war situation and the withdrawal of physicians from civilian life into the military services.

For more than a year there have been reports of increasing shortage of physicians and consequently reduced health service and medical care to mothers and children. During the past 8 months this shortage has become acute in many military and industrial areas. In many areas the number of physicians was inadequate, even for the pre-war population. The withdrawal of physicians for the armed services has exaggerated many times the effects of the earlier shortage.

The situation is serious in many places. In some areas the only remaining physicians are over 65 years of age; some report office practice only.

In response to a recent questionnaire sent out to the State health officers by one of their number—Dr. Felix J. Underwood, executive

officer of the Mississippi State Board of Health—the following information on need for health and medical service was obtained. It is here reported with Dr. Underwood's permission.

Thirty-three health officers replied; of these 25 reported that there was a shortage of physicians in one or more areas of their States; 13 health officers specified a shortage in 82 areas; 12 others stated that the shortage covered the whole State or extended to many areas and small communities. I would like to insert in the record the individual statements made by the State health officers with respect to their States.

Senator MILLIKIN. Do you wish to read them or do you want to have them inserted in the record?

Dr. ELLIOT. As you like.

Senator MILLIKIN. Do as you wish, please.

Dr. ELLIOT. Alabama: Only Jefferson County (Birmingham) meets the quota of physicians. Could use physicians in remaining 66 counties. Shortage in rural counties before the war.

Delaware: State as a whole has lost one-fourth of physicians—never were too many. Formerly 10 pediatricians and all but 2 are assigned to military duty.

Florida: Serious shortage in many areas of State. Survey now being done and refresher courses to be given to retired physicians to equip them for practice.

Georgia: Numerous places. Changing situations. Particular shortage around cantonment areas and in many rural areas where need has existed for a long time.

Indiana: True of almost every rural county in the State and of cities with possible exception of Indianapolis. The specialists, obstetric, and pediatric, are hardest hit.

Kentucky: Gallatin County, no physician; population 4,307. Lee County, 10,860—two physicians. In 10 counties population indicates that 1-1,500 of the Procurement and Assignment Committee not met; elderly and retired physicians counted in number of physicians in counties.

Mississippi: Never has had enough physicians in rural areas and even in the urban areas before the war. Approximately 1,300 physicians for a population of over 2,000,000 and 3,000 midwives delivering over 24,000 births each year. The military authorities have depleted the State of young physicians including essential public health personnel.

New Mexico: There is a need in smaller counties where no physicians are available. "Travel restrictions interfere with use of professional personnel in neighboring communities."

North Carolina: In practically every case in the country sections where an established county practitioner has died and his place is not filled. War situation has made conditions worse.

Tennessee: The shortage is very obvious.

Washington: Most areas in the State are feeling the shortage of physicians, particularly obstetricians and pediatricians.

Fifteen States reported that physicians could be placed to give medical care in areas where there was a shortage; of these 9 States estimated a need for some 900 physicians.

Twenty-three States reported a shortage of health officers and stated they could place 200.

Shortage of funds to meet maternal and child-health needs in industrial defense areas was reported by 23 State health officers out of 33 replying, and insufficient funds for military areas by 24 health officers.

Child-health clinics were needed in 26 States, prenatal clinics in 25 States, hospital care for maternity patients in 24 States, hospital care for children in 26 States, clinics for sick children in 11 States.

Of 33 States, 17 reported 95 areas where dwellings should be remodeled for maternity homes or annexes to hospitals. Two other States reported extensive need for this type of work.

In reports from 33 States, 31 State health officers reported areas in which additional maternal and child health services or medical services for mothers and children or both types of service are needed.

Five State health officers reported State-wide need, as follows: Florida, Indiana, Minnesota, Mississippi, and South Carolina.

Twenty-three State health officers reported 147 areas in which there was need for such services as follows:

Alabama: Coffee County, (Enterprise), Mobile County, Talladega County, Etowah County (Gadsden), Madison County (Huntsville), Lauderdale County (Florence), Colbert County (Tusculum-Sheffield), Calhoun County (Decatur), Limestone County (Athens), Calhoun County (Anniston), and Baldwin County (Foley, Fairhope, Robertsdale).

Arizona: Bellemont and Phoenix.

Arkansas: Little Rock, Fort Smith, Texarkana, Pine Bluff, El Dorado, Camden, Blytheville, Walnut Ridge, Newport, and Stuttgart.

California: Napa County, Marin County, Solano County, Contra Costa County, Alameda County, Monterey County, San Luis Obispo County, Santa Barbara County, Los Angeles County, San Diego County, Riverside County, Sacramento County, and Yuba County.

Delaware: Delaware City (near Fort Du Pont), and Wilmington. Georgia: Atlanta, Columbus, Macon, Augusta, Hinesville, and Savannah. Also possibly Albany, Valdosta, Moultrie, Bainbridge, Americus, and Waycross.

Idaho: Kootenai and Ada.

Iowa: Des Moines, Sioux City, Burlington, Dubuque, Ottumwa, Davenport, and Cedar Rapids.

Kansas: Cherokee County, Sedgwick County, Johnson County, Labette County, Saline County, Riley County, Geary County, and Wyandotte County.

Kentucky: Louisville, Jefferson County, Hardin County, Campbell County, Henderson County, Union County, Boyd County, Fayette County, Madison County, Rowan County, Christian County.

Louisiana: Shreveport, Alexandria, Monroe, Lake Charles, Baton Rouge, and New Orleans.

Maryland: Elkton and Middle River.

Massachusetts: Cape Cod.

Michigan: Mason County, Chippewa County, Midland County, Saint Clair County, Washtenaw County, Wayne County, Monroe County, Ingham County, Muskegon County, Bay County, Saginaw County, Genesee County, Oakland County, Calhoun County, Kalamazoo County, St. Joseph County, Berrien County, Macomb County, Lenawee County.

Missouri: Jefferson Barracks and St. Louis County, Phelps County, Pulaski County, Laclede County, Jasper County, Newton County, Platte County.

New Mexico: Roswell, Denning, Albuquerque, Gallup, and Carlsbad.

North Carolina: Wilmington.

Oregon: Multnomah County, Umatilla County, Polk County, Benton County.

Rhode Island: Providence.

South Dakota: Sioux Falls, Sturgis, Rapid City, Hot Springs, Provo.

Tennessee: Knox County, Montgomery County, Blount County, Washington County, Gibson County, Coffee County, Henry County, Sevier County, Sullivan County, Shelby County, Warren County, Hawkins County.

Texas: Texarkana, Brownwood, Orange, Paris, Bastrop, and Harris County.

Washington: Ephrata area, Fort Warden area, Fort Lawton area, Vancouver Barracks, Spokane, and Bremerton area.

Three State health officers indicated such need as follows:

Virginia: Numerous rural areas.

West Virginia: In industrial areas where hospital beds are inadequate. Survey is being made.

Wisconsin: Child health conferences were discontinued because of lack of personnel.

To me there is great need for an over-all national plan for the distribution of physicians if children and mothers are to receive medical care and health service. The withdrawal of pediatricians and obstetricians from civilian practice for the Army should stop as should also the withdrawal of maternal and child health directors or pediatric or obstetric consultants in State health departments.

Fourteen obstetric and pediatric consultants from the maternal and child-health divisions in the following State health agencies are now in military service:

Alabama, Arkansas, California, Florida, Illinois, Maryland, Michigan, New Jersey, Oklahoma, Tennessee, and Texas.

Nine directors of maternal- and child-health divisions have left for military service or other duties related to the war: Alaska, Colorado, Georgia, Hawaii, Indiana, Louisiana, Nevada, South Carolina, and Vermont.

The withdrawal of pediatricians and obstetricians from civilian practice in large numbers has left many areas poorly provided. Dr. Grulee, the secretary of the American Academy of Pediatrics, tells me that many large areas have been denuded of pediatricians and many have been taken away from necessary and large responsibilities.

In the membership of the American Academy of Pediatrics there are only 400 who are under 45 years of age. At present 205, who for the most part are under 45, are in military service and more are being taken daily. This represents only part of the pediatricians who have left civilian practice.

There is a real need to have these groups of physicians represented in any over-all agency that attempts to distribute or relocate physicians in the country. The pediatricians have never been given any recogni-

tion on a national board concerned with problems of procurement and assignment of physicians and yet they know and could represent in a peculiarly fitting way the needs of a large group of the civilian population.

I believe that some redistribution of physicians in this country is very necessary today, and that it will be essential to give authority to some Federal agency to accomplish it. Definite assignment on a salary basis will be necessary—in some cases full time, in others part time may be satisfactory—allowing the physician to practice part time.

At the same time it will be necessary to develop more fully procedures which will conserve the time of physicians, which will make it possible for two or more physicians to see a number of ambulatory patients in a clinic at one time, and within easy reach of each other's advice and consultation.

If maternity patients could be hospitalized more generally—especially in rural areas—time of physicians would be conserved and care of women would be more satisfactory. Today many women cannot depend on having the attention of a physician all through labor because the physician cannot give the necessary amount of time to any one patient. In some areas, where physicians are greatly reduced in number women are being forced to employ untrained midwives. In some areas nurses are having to act as midwives.

Maternity wards and hospitals are greatly overcrowded in many of the large war-industry areas with the result that physicians cannot get their patients into hospitals.

The need for an adequate number of obstetricians and pediatricians to serve the civilians is increasing, not decreasing. The birth rate is rising, in 1941 it was the highest recorded since 1930. It is estimated there will be 2,800,000 births in current year, an increase of approximately one-half million in 2 to 3 years. There are already signs that the infant mortality rate may be going up.

I have a report, for instance, from Dr. Bundeson, health officer of Chicago, that it looks as if the infant mortality rate for the city of Chicago instead of falling as it has in recent years would rise one or two points this year. He attributes that to an increased number of premature births.

Pediatricians and obstetricians have never been well distributed; they are concentrated in large cities; less than 3 percent of pediatricians and less than 2 percent of obstetricians in places of less than 10,000. The need for a better distribution is even more urgent now than before withdrawal for Army service—should serve as consultants and diagnosticians in clinics covering more territory than formerly.

A careful plan should be worked out to provide Nation-wide coverage in this way—salaried positions will be necessary.

Many pediatricians have been taken into Army—many of them contrary to their own best judgment. No one wants to deprive the men in the service of proper care, but the morale of the men in the armed forces will not be improved if their wives and children are not properly cared for. Most pediatricians realize that their training is most effectively used serving the children in the civilian population.

Public pressure and the pressure of recruiting officers has been hard to resist. The existence of some form of concrete recognition, insignia to show that they were participating in a worth while and appropriate

way in the war effort when they remained in civilian life, would have kept many pediatricians from entering the Army. The public could be taught to respect such service.

The need for some form of past war recognition of the contribution of such physicians would also be necessary. Many physicians have told me that they would gladly be assigned to duty in civilian life, but they want to be assigned by some authority and given appropriate recognition, and though many may, they do not all want a uniform.

I have here with me also a set of examples of need for medical and nursing services that have been reported to the Children's Bureau staff in connection with the advisory services rendered under title V, parts 1 and 2 of the Social Security Act—Maternal and Child Health Services and Services to Crippled Children.

The following examples illustrate the situation in many areas. Much additional material could be obtained from the United States Public Health Service.

I don't know whether you want me to take the time to read this into the record.

Senator MILLIKIN. You use your own judgment on that, Doctor. We can insert it in the record, or we will be glad to have it read now.

Dr. ELIOT. I would like to read it then.

Senator MILLIKIN. Yes; go ahead.

Dr. ELIOT. Washington State: Population today; Bremerton and Kitsap County, 77,000; formerly, 44,000; increase of 75 percent since July 1940. Physicians today, 24; formerly, 30. Today there are only 15 physicians in active practice, or 1 for 5,000 people. About six times as high as the average for the country before the defense period.

A full-time public health unit was established in Kitsap County recently, but the staff is very limited. The United States Public Health Service has assigned a county health officer. In June 1942, four public health nurses were serving the total population, or 1 to 19,000 people. So much of their time is given over to inspecting sanitary arrangements in trailer camps that little time can be given to maternal and child health activities.

An investigation into the number of children enrolled in the schools indicates that the enrollment has increased almost 100 percent during the past year. This would indicate that the population increase is not one accounted for by the employment of men and women in the industrial area, but is also brought about by increased families in Bremerton.

There are no beds available in the hospital for pediatric care and yet there are between ten and twelve thousand children enrolled in the public schools. Approval of a 125-bed hospital was made under the Lanham Act. However, construction was not started and with present priorities it seems unlikely that the hospital will be built.

At the present time there are no child-health conferences held within the area nor are there clinics to provide prenatal care. It is common report that pregnant women wait for hours in physicians' offices and frequently are told to return in 3 months or so when the doctor will have time to examine them.

From our information, it is obvious that the health facilities in this area need immediate correction if the dangers attendant upon lack of medical care and hospital facilities are to be avoided.

A report from the county health officer states that women are being delivered in one doctor's office and sent home in 24 hours, often to cabins, trailers, or slacks without proper supervision. There is great need for nursing care.

California: Vallejo (Solano County). The population of this town has increased from about 22,000 before the emergency to 74,000 at this time. In April 1942 there were 28 physicians practicing in this city, or 1 for about every 2,600 persons. One physician had recently been withdrawn for military duty. No new physicians had come to the country to practice until very recently when a pediatrician has been transferred from the city of Oakland—an arrangement which was made through the California procurement and assignment committee. This pediatrician will be able not only to serve the people who can pay but should assist the county health department in the organization of child-health conferences.

Unfortunately, no child-health conferences have been established. I am told that the local medical society is opposing their establishment. There are no prenatal clinics. Recently I was told that doctors' offices are so crowded with prenatal patients that women have to stand in line to get in.

There is a full-time health officer and four public health nurses to serve the present population.

There is need for an additional general hospital and request for funds for construction of such a hospital has been made under the Community Facilities Act. Though approval is reasonably certain, construction has not started.

There is need for organizing maternity care in this city. The county health officer has not seen how it could be done. More physicians are needed to handle routine medical care of civilian population, and special attention needs to be given to obstetric practice. There are only 15 available maternity beds in the county hospital 22 miles from Vallejo and 5 maternity beds in Vallejo hospital. It is estimated that 30 to 40 more maternity beds are needed.

Texas: Three of the five physicians on the staff of the State maternal and child health division are now in military service. The fourth physician is now practicing medicine in an area where a physician was urgently needed.

Orange County: The population of this county has doubled during the past 2 years until it is now approximately 40,000. There are only 6 physicians serving this population. Practically impossible for the new people who have come to this area to obtain any medical attention.

New Mexico: Deming, N. Mex.: There are only 3 physicians in this county for a civilian population of approximately 12,000—one-third of which population has arrived since the war began.

Louisiana: Rapides Parish, including Alexandria and Pineville: Population now estimated to be 135,000 with only 33 practicing physicians, 26 having been lost to military service.

Tennessee: Milan defense area including Gibson, Madison, and Carroll Counties: The number of physicians decreased from 80 on July 1, 1941, to 62 in August 1942, with 23 having left for military service and 5 new physicians having moved in. During this time there was a 12-percent increase in the population. Many of the

remaining physicians are old and seriously overworked. The town of Trenton with a population of 4,000 and a thickly populated surrounding area has one physician, aged 60.

In Memphis, Tenn., and Shelby County the nurses on home delivery nursing service to assist physicians are now actually delivering many of the women themselves when no doctor is available.

Delaware: The town of New Castle with a population of 4,414 is at present without any practicing physicians. The well-child conference in this community has been closed.

There are no orthopedic surgeons now in the entire State. Whenever services are provided they must be obtained from Philadelphia.

Only one resident physician remains at the Nemours Hospital for crippled children and he is expected to leave for military service in the near future. If he does it is questionable whether or not this institution—which has 85 beds for crippled children—can be kept open.

Maine. In Lewiston the only pediatrician has entered military service which has resulted in the discontinuance of the clinic for children with heart disease and the hospitalization of such children which has been provided under the program of the State health department.

Vermont. The only orthopedic surgeon in the State has left for the armed forces which means that all crippled children in Vermont will have to be sent out of the state for treatment.

New York: A verbal communication from the Assistant Commissioner of Health in New York State recently brought the information that the New York State Reconstruction Home at West Haverstraw will probably have to close in the near future. This institution has 810 beds and gives surgical and hospital care to crippled children from all over the state. Orthopedic surgeons of New York City who have been on the staff of this institution for many years are no longer available for service because of the pressure of their duties in New York City. It is almost impossible to get resident physicians for the home. The resident staff is severely depleted and may vanish altogether.

Florida: Jacksonville (Duval County) in the last 2 years has had an increase in population of 43 percent and the birth rate has increased 300 percent during the past 3 years. However, the number of physicians practicing in Duval County has been reduced from 150 in 1941 to 112 in August 1942.

The consultant was told that many of the general practitioners in this county who had in the past been doing obstetric work have had to give up that part of their practice because they had become so busy they were no longer able to give time to maternity cases. Due to scarcity of physicians the city health department has had to limit the child health conferences and prenatal clinics for residents only.

This will, of course, exclude the wives and children of enlisted men, if they were not residents. The obstetricians are so busy with their private practice that they stated they could not take on additional cases at this time. The director of the bureau of maternal and child health has resigned to enter private practice leaving no physician on the maternal and child health staff of the State health department.

South Carolina: There is marked scarcity of physicians in some sections of this State; for example, there are 34,000 people within the city of Greenville; 80,000 if the population of outer Greenville is included, but there are only 7 doctors in the city of Greenville. Because of this scarcity of doctors the county health officers have asked if nurses at the maternity shelter could be certified as midwives by the health department to deliver the normal obstetric cases at the shelter.

Georgia: There are only 6 qualified orthopedic surgeons in the State at present. Five of these are in Atlanta and one at Warm Springs Foundation. Full-time physicians are needed for both the administration of the maternal and child health program in the health department and the administration of the crippled children's program in the department of welfare.

Illinois: There are now only four orthopedic surgeons practicing in Illinois outside of the metropolitan area of Chicago. (Information as of last week.) Approximately half of the total number (37) orthopedic surgeons in the State have been called into the armed services. Last week, the State agency reported that they were now having difficulty getting orthopedists to staff the clinics in down-State Illinois and that they were having to make arrangements at the last minute for any orthopedic surgeon they could get to conduct a clinic as the orthopedists that are left in Chicago are so busy that they do not want to go into down-State Illinois for these clinics, and the four who are left in down-State Illinois cannot conduct these clinics. The Illinois crippled children's program had provided pediatricians in many of their crippled children's clinics. Now the agency reports that it is having difficulty getting pediatricians to staff the crippled children's clinics.

West Virginia: In the past, the West Virginia crippled children's program has used 14 orthopedic surgeons, one of these surgeons coming from Baltimore to conduct clinics. On October 19, we received a letter from the State agency informing us that 6 of the 13 orthopedic surgeons in the State had been called into the armed services. The State agency has had to combine clinic districts and rearrange clinics as well as make a rearrangement of plans for hospitalization for crippled children throughout the State because of the loss of orthopedic surgeons. Half the number of orthopedic surgeons are now trying to carry on the work for crippled children's services as well as doing all orthopedic private practice in the State.

Puerto Rico: Up until September 1942, 50 physicians in Puerto Rico had been called into the military service. All of these physicians were in the Reserve Corps. During September 1942 plans were then being made by the Insular Procurement and Assignment Service to call 52 additional physicians into the service by January 1, 1943. All of these 52 physicians are to be single men under 35 years of age. At the beginning of the war, there were only about 325 physicians in Puerto Rico. By January 1, 1943, it is expected that 102, or about 20 percent of the total number of physicians on the island, will be in military service. Even before the war started, there were not enough physicians in Puerto Rico to provide medical care but for a fraction of the population.

New Mexico, West Texas, Arizona: An area of more than 500,000 square miles from Phoenix, Ariz., to Austin, Tex.—and from the Mexican border to Denver, Colo., is now without a qualified orthopedic surgeon (and only 1 of the 4 in Arizona remained in the State as of October 2, 1942), six orthopedic surgeons from this area having entered military service.

The surgical care of crippled children will either no longer be available to these vast areas or the most critical cases must be sent long distances for care.

Indiana: Both orthopedic surgeons in Fort Wayne were called into the armed forces last summer. In order to continue crippled children's clinics and the hospitalization of crippled children in this area (one of the three centers for the treatment of crippled children in the State) it was necessary to make arrangements for utilizing the services of two qualified general surgeons to work under the supervision of qualified orthopedic surgeons from Indianapolis. This meant that 2 orthopedists from Indianapolis made a trip to Fort Wayne once a month.

Now one of the Indianapolis orthopedic surgeons, who has been going to Fort Wayne, has been called into the Army and left the State during the week of November 9. Arrangements have been made for another orthopedic surgeon in Indianapolis to go up to Fort Wayne, but he accepted this responsibility with the understanding that he could not continue making trips to Fort Wayne if his work in Indianapolis became heavier.

It is expected that the Riley Hospital Unit (Indianapolis) will be called into service very shortly and when this is done, two more orthopedists from Indianapolis will go into the armed services. When this happens there will be 5 qualified orthopedists in Indianapolis and two in South Bend. There are no other orthopedists in the State.

When the two orthopedists from Fort Wayne were called into the service, consideration was given to establishing a treatment center for crippled children in Evansville, but before these plans could be worked out the only orthopedist in Evansville was called into the service. The State agency has felt the need of a treatment center in Evansville for some time.

Kentucky, Hardin County, Fort Knox area: Ratio of physicians to population has decreased from 1 to 1,600 in 1940 to 1 to 2,700 in 1942.

At present there are 13 physicians in the county, only 2 of whom are under 45 years of age.

There is a serious problem of providing medical care to 2,000 families of service men and civilian employees living "off the post" along 38 miles of highway. Maternity care is very difficult to obtain. There are 900 pregnant women in the county; 180 are wives of service men or civilian employees.

A full-time clinician is recommended to be added to the county health department staff. The commanding officer at Fort Knox has been asked to provide trailers to be utilized for improvised maternity centers. The difficulties of working out a plan for a full-time clinician were appreciated but the county health officer thought a plan could be developed with the local physicians if services were limited to depend-

ents of service men and to those situations where no other physician is available.

Idaho, Kootenai County: The situation in Kootenai County in regard to maternal and child health is serious and very little is being done about it.

There has been a trebling of population, a loss in number of doctors, no increase in hospital or clinic facilities. The county health officer expressed interest (apparently for the first time) in the establishment of a prenatal clinic at Coeur d'Alene and promised to look into the matter. He also agreed to try to establish some well-child conferences near the larger trailer camps.

Special local problems.—1. Trailer camps: The enormous increase in population is caused by an in-migration of 15,000 to 20,000 workers for the construction of the naval base. It is estimated that an additional 15,000 to 20,000 wives and children of construction workers have accompanied them. A large part of this new population lives in trailer camps, of which there are about 40—12 of them very large.

Among the main maternal and child-health problems for these camps are the following:

(1) Medical and dental care: Besides the shortage of doctors and dentists, the factor of inaccessibility operates. Many of the trailer camps are 15 to 20 miles from Coeur d'Alene where the doctors and dentists are located. Transportation is not usually available to the families, since the men drive the autos to work. The health officer had not heard of one home visit by a doctor to a trailer camp.

(2) Hospital care: Shortage of beds and distance.

(3) Public-health nursing: No public-health nursing visits have been made to families in trailer camps, according to the health officer.

(4) Child-health clinics: No clinics have been held at the trailer camps, and the health officer reports that lack of transportation keeps the trailer families from attending the regular clinics in town.

(5) Prenatal clinics: None held in the county.

(6) Immunization: The health officer estimates that about 70 percent of the trailer children have not been immunized. There has been no mass campaign for immunization.

(7) Nutritional problems: Poor cooking facilities lead to preponderance of fried foods or canned foods. No refrigeration. It may be presumed that special help should be given trailer families to maintain adequate diets under these artificial conditions.

Most milk is raw.

(8) Contagion: Several epidemics of measles, mumps, and chicken pox have already occurred this summer.

2. School health: As noted above, school enrollments have probably doubled or tripled. On the second day of school in one school five children were sent home with colds. Upper respiratory infection is reported to be a serious cause of absenteeism among construction workers, and promises to be a serious menace to the health of school children under present overcrowded conditions.

Health services should be taken to the trailer camps. A public-health nurse should spend at least one-half a day every day at the larger camps. Well-child and prenatal clinics should be taken to the camps. Mass immunization should be done at the camps. Sick-children clin-

ies and home visits to trailer families should be made available by public physicians if the private practitioners cannot assume the load. Additional full-time medical and public-health-nursing personnel would be needed for such a program.

Oklahoma: During the past 4 months health problems of mothers and children arising out of national defense emergency in Oklahoma have changed considerably. A summary of these problems was made on April 7, 1941. Referring to this summary, it is noted that the greatest problem at that time was a military area, an Army post, situated in Comanche County near Lawton, Okla. During a relatively short period of time this Army post, which normally consisted of 7,500 military men, increased to 45,000 men. The population of the town of Lawton increased from 18,000 to 25,000. The population of the county increased from 40,000 to 100,000.

The active practicing physicians in Lawton decreased from 14 to 12. As would be expected, the shifting population resulted in many health problems; namely, increase in rent, very poor housing, especially at the outskirts of the city limits, influx of prostitutes, increase in venereal disease, increase in illegitimacy, overcrowding of the schools, and increase in communicable disease.

The State health department took active steps in an attempt to solve these problems. It established a county health unit with one health officer, four sanitarians, and four public-health nurses (1 to 25,000 people). This health department was established shortly before April 1, 1941, but was greatly understaffed. There was no health officer and only two of the four proposed sanitarians and two of the four public-health nurses. Since that time, however, this local health department has been staffed and is operating efficiently. The senior nurse is supplied by U. S. P. H. S.

The plan for maternal and child health services for this health department is as follows: To conduct one maternity clinic weekly at Lawton, which is only a distance of 2 miles from the Army post. It is planned to utilize as far as possible the two small hospitals—and the Indian hospital—in developing antepartum and postpartum clinics as an out-patient service. Clinical services for infants and preschool children will be administered through child-health conferences held at regular intervals at strategic points throughout the county. In all probability there will be four or more of these child-health conferences monthly.

The school-age group will receive medical services in the schools throughout the county, and concentrated efforts will be centered on the first, third, and fifth grades and specially referred children.

No prenatal clinics have been established.

We have recently been informed that there is to be established in Mayes County a \$52,000,000 powder plant near the town of Choteau. Mayes County is one of the five county health units in district 1. The population of the entire county is 21,000.

The town of Choteau—where the powder plant is to be located—has a population of approximately 500. It is estimated that this plant will employ between 6,000 and 10,000 civilian workers. At the present, there is one 75-year-old physician and no hospital facilities. The closest hospital, which is very small, is at Claremore, 27 miles. However, the closest hospital of any size is at Tulsa, a distance of 40 miles.

There is another hospital at Muskogee, 35 miles, and a small one at Tahlequah, 39 miles.

The town of Choteau is situated about 8 miles from Rogers County and 9 miles from Wagoner County. It is to be expected that a large number of individuals who will be working in the powder plant will reside in these two counties.

We anticipate many health problems arising in these counties, in which there is no full-time local health department. The estimated needs in this area will be at least 2 health officers, 3 sanitary engineers, 12 public-health nurses, and 3 clerks.

California, San Diego: The influx of new population into the San Diego area is already creating problems in the field of maternal and child health. It will be observed that the vast majority of the incoming families are headed by young healthy adults in the child-bearing age group. There will be many more mothers and young children per mass unit of the new population than in the old. Already it has been noted that since September 1939 the work load of the child-hygiene conferences has been doubled. This extra burden is being cared for somewhat by volunteer services of private physicians, but mainly by longer hours of work on the part of the pediatrician. It is felt that without further supplemental help a great deal of the need arising from national defense emergency will not be adequately met. In addition, the nursing time available for services of maternal and child health is not nearly adequate even for normal times.

The county health department offers prenatal care to all indigent women regardless of residency. It is not necessary for a woman in labor to present herself at the hospital as an emergency in order to receive care, as this is arranged in advance by the health department. However, with hospital beds filled, it is going to be increasingly difficult to make necessary arrangements for those who do not fulfill residency requirements. The V. N. A. is now prepared to offer home-delivery nursing service at small cost, this supplying a real need; for it is expected that the incidence of home deliveries must increase before more hospital beds are made available. In the past the Army and Navy have supplied medical services including maternity care to families of their men. The staff doctors are at present so overworked that this service no longer is available, even to wives of officers.

Hospital beds are already overcrowded. In case of an epidemic even of mild proportions there would be no extra beds and undoubtedly emergency commandeering of other buildings would have to be made. The beds available for communicable disease isolation are far from adequate for the large percentage of increased population.

The pediatrician of the county health unit is also responsible for school examinations in the county area. As an example of the additional work, one relatively small school in the county had an increase of 70 children over last year's enrollment. No doubt this is an indication of the trend of population influx.

The efficiency of the maternal and child-health program is going to be seriously impaired by the necessity of stretching the same budget over a vastly increased population whose needs will be proportionately greater in this very field.

In order to bring this maternal and child-hygiene program up to reasonable standards to meet the increased needs, the services of a

part-time pediatrician should be made available, and the city nursing staff should be increased at least 50 percent, and, if doubled, could be utilized with great profit to the health and well-being of the community.

I would like to speak of one special need which has been created by the war situation and that is the need for maternity care for wives of men in military service and medical care for their children.

Thirty-nine State health departments have requested allotments from the Children's Bureau, now totaling \$1,734,050, to provide obstetric and pediatric medical and hospital care for the families of men in military service during the fiscal year 1943. Plans and budgets for beginning these services have already been received and approved by the Children's Bureau for 24 States. These 24 States requested and have received for immediate use \$267,495 and have estimated that \$787,005 more will be needed to continue these services during the current fiscal year. Fifteen other States have indicated that they will need \$679,550 this year to provide medical and hospital obstetric and pediatric care for wives and children of men in military service. Plans and budgets will be submitted by these additional States as soon as there is assurance that funds will be available. Seven States have indicated no need or are studying the needs in their respective States. Funds allotted for these programs are being expended for medical and hospital care only, since all administrative costs are absorbed by the existing maternal and child-health programs in the States.

Now, as to the proportion of married men in military service: Recent official reports from the Army and Navy show that in the United States in a military force of 5,000,000 men approximately 20 percent, or 1,000,000, will be married, exclusive of commissioned officers.

Number of births in families of men in military service: During May, June, and July of 1942 Maryland reported that 4.6 percent and Louisiana reported 4.4 percent of the birth certificates showed the father to be in military service. Other States would doubtless show similar figures. Probably about 5 percent, about 140,000, of the expected number of births in the year beginning July 1, 1942, will be births to wives of men in military service.

Regarding the need for care near Army posts: As the size of the Army increases, the number of wives and children of the men in service in need of medical care will also increase. The problem of providing care for these wives and children is serious in many areas. Many of the wives are nonresidents and therefore not eligible for certain community services. Private funds, usually through the Red Cross, have been made available for care for a number of these women, or more often for the cost of sending them back from the camps to their home towns, but often it is not feasible for a wife to go elsewhere. As the number of cases increases, private funds have proved to be insufficient to meet the need for medical and hospital care. The Army has been forced to discontinue in many areas the provision of medical or hospital care for wives and children of service men which it usually provides during peacetime. Red Cross representatives at 240 Army posts reported that in the 1 month from July 15 to August 15, 1942, 3,262 soldiers requested help in securing maternity care for their wives; 39 percent of these requests were for assistance in obtaining care for wives

living near the Army post, and 61 percent were requests for assistance in obtaining care of wives living in another State.

As to the need for care in home communities: The problem of maternity care exists not only near the camps, but also in many home communities where wives and children of service men are living and where public provision for maternity care or medical care of children is not available or is inadequate. Private funds are being used to some extent, but provision of such funds is not uniform, and in many places, especially in small communities and rural areas, cannot be depended upon to assure medical and hospital care. Two hundred and ninety-two Red Cross chapters in 46 States—less than one-tenth of the total number of chapters in the United States—during the month of August received 2,601 requests from soldiers' or sailors' wives for assistance in obtaining maternity care or care for their sick children. There are 2,016 requests for assistance in obtaining maternity medical care; 2,072 for hospital maternity care; 244 for medical care for sick children, and 122 for hospital care for sick children.

Dependents' allowances for privates and noncommissioned officers are not sufficient unless the families have other income to provide for the costs of maternity care and care of sick children. The allowance from the Government for the wife is only \$28 a month, for the wife and one child \$40 per month, with \$10 added for each additional child. To these amounts are added \$22 a month deducted from the basic pay of the service man. Maternity care, including medical and hospital care at delivery and suitable medical and nursing services during pregnancy and after the baby is born, costs on an average at least \$70 or \$80 per case. Medical care of the baby during the first year of life costs on the average at least \$20 or \$30.

In connection with steps that should be taken I would like to make three recommendations. It seems to me that first there should be a plan for more satisfactory distribution of doctors in areas that are inadequately served at this time and that in connection with such planning there should be advance planning for the use of doctors when they return from the Army. First, in tax-supported hospitals. There is great need for competent, well-trained physicians, usually to be employed on a full-time basis, in our tax-supported hospitals. And it would seem to me that if we look forward a bit in this program of medical care for which we hope plans can be made, that that is one way in which the program of care for the people could be definitely improved.

Then I would like to suggest that during this period when men are returning from the Army that careful plans be made for post-graduate training of the younger men so that they may go into these public services and do more effective work.

Second, I believe that a program of health and medical service should be developed now at this time for children and youth of secondary school age, that is, our young people from 14 to 18 years of age, and that we should be taking more vigorous steps to rehabilitate the youth of 18 and 19 years of age. A program for children and youth of secondary school age started now would mean that when these young people leave school to go to work in the war industries, or if they reach the age for military service in the Army, that they would be physically better equipped to do their work. We know that

today many of these young people are in industry without the correction of the conditions that are known to exist, known to exist because of the studies that have been made by the National Youth Administration under the Public Health Service. Also known to exist because of the many men who were rejected by the Selective Service.

And then, third, I believe that even at this time there should be extension of our program of maternity care and of health and medical services for infants and young children. We should be in a position to do something to improve the conditions in hospitals, where the crowding of the maternity wards is so very serious today. Many communities are not in a position to do much about that at this time because they do not have the funds to develop it and the personnel is short. Ingenuity and resourcefulness will have to be brought into play in order to find a way to do this, but I am convinced that a way can be found if the program is implemented with sufficient funds to make planning possible.

I think there should be plans now for a national health and medical service which can be implemented to give as good care as is possible under war conditions and which can be expanded effectively at the end of the war.

I think it is essential to have ready a framework into which the returning doctors can be fitted when the war is over, but that framework, that planning, must be done now rather than later.

The only other information I have brought with me, Mr. Chairman, is information with respect to a specific project, information on which has already been presented to this committee, and for the record I would like to submit a statement with respect to it. It relates to the project near the Glenn Martin plant.

That project has been one in which the Children's Bureau and the Public Health Service have taken a great interest. The need for medical and health services for children and maternity care in that area appears to be very great, and during the last 6 or 8 months, the Children's Bureau and the Public Health Service have undertaken to assist the State and local health departments in the development of such a program and to make funds available for their use. The program has not developed even though a plan was presented, and in essence was acceptable to the Children's Bureau. For various reasons that program has not gone forward. There seems to be some difference of opinion expressed by persons who have been concerned with the establishment of this program, as to why it has not gone forward.

I have been trying to obtain the facts accurately but only this morning was given further information, which was in conflict with information which I had received formerly. I think that further investigation probably should be made to ascertain the facts. But I may say that the plan that was proposed seemed to us to be a satisfactory one, and that for reasons which, as I say, are apparently not clear, the whole program fell through.

The idea was to establish in the area maternity trailers and child health clinics so that the women in the area might be served near their homes. The community is far from Baltimore, that is, far from Baltimore when it comes to the care of a woman already in labor. And so it was thought that a service might be set up in specially equipped

trailers in the community. The physicians in the area have not been satisfied with the plans as they were originally made, and for this and other reasons the program could not go forward. I hope that perhaps it may yet be developed.

The health officer of the community called me up this morning on the telephone and stated that in his opinion the local doctors were doing a good job at this time and were cooperating in the program. He told me that there are 6 doctors serving the area. The area now has 42,000 people in it. Each doctor has now been given the privilege of having office hours daily in a trailer belonging to a trailer camp.

I should like to submit for the record, however, my statement on this project.

Senator MILLIKIN. We will be glad to extend that in the record.

(The material submitted by Dr. Eliot is as follows:)

(Material prepared by Dr. Eliot for use at hearing of Senate Education and Labor Committee, November 15, 1942)

REPORT OF NEGOTIATIONS TO ESTABLISH HEALTH AND WELFARE SERVICES FOR WOMEN AND CHILDREN IN THE VICINITY OF THE GLENN L. MARTIN AIRCRAFT CO.

[District 15 of Baltimore County]

GENERAL SITUATION¹

The Glenn L. Martin plant and the Bethlehem Steel plant are situated in district 15 in the southeastern part of Baltimore County.

In the neighborhood of the Glenn Martin plant there are four towns which together normally had a population of 4,500.

In December 1941 it was estimated that there were 37,000 people living in district 15. This population was living largely in trailers and prefabricated houses. The Farm Security Administration was providing 1,235 trailers, the Federal Public Housing Authority provided prefabricated houses, and other persons were living in privately owned trailers.

At this time it was estimated there were 10 physicians serving the population near the Glenn Martin and Bethlehem Steel plants (37,000 people). Six of these physicians served the people in the area of the Glenn Martin plant (about 24,500). There was an average, therefore, of 1 physician for every 4,000 people in this area.

In November 1941 the Baltimore County Medical Association appointed a special committee composed of physicians practicing in the Middle River area to help work out a method to provide a pooled fund in order to insure payment for medical care for the trailer residents.

Health services for this area are provided by the Baltimore County Health Department. One public-health nurse has her headquarters at Essex, in the Glenn Martin area. One child-health clinic is held monthly at Essex, 4 miles from the Glenn Martin plant. Venereal-disease clinics were held weekly at Sparrows Point and tuberculosis clinics held monthly at Sparrows Point and Essex.

STEPS TAKEN TO ESTABLISH PROGRAM OF HEALTH AND MEDICAL SERVICE TO MOTHERS AND CHILDREN

The Children's Bureau of the Department of Labor was first informed of the needs of mothers and children in the Middle River area in February 1942, when its attention was called by a worker in the area to the lack of medical care, as well as day-care facilities for children of workers living in trailers.

In March a physician from the Children's Bureau visited the area and reported:

"1. A shortage of medical care in the area.—The nearest hospital available for care for residents of the trailer camp was in Baltimore City. It was extremely

¹Information with respect to population data and health and medical conditions was obtained from the U. S. Public Health Service, which made available to the Children's Bureau in the spring of 1942 a report of a reconnaissance study in the vicinity of Baltimore. This is one of a series of 20 such studies made in war-industry areas.

difficult to get bed care in a hospital for any patient, particularly so for maternity care.

"For example: A resident of the Farm Security Trailer Camp—a woman who had been under the care of a private physician during pregnancy—could not reach her doctor when she went into labor; no other doctors were available. When the woman appeared to be on the verge of giving birth without medical attendance, the services of one of Martin's industrial surgeons, who was off duty, were obtained.

"A resident of the camp reported that when he was sick with pneumonia it was necessary to call every doctor in the neighborhood before one could be reached. No bedside nursing care was available in the area. The patient was eventually hospitalized in a hospital on the other side of Baltimore, 30 miles from Middle River with the diagnosis of pneumonia. It took a whole day of telephoning before a hospital bed could be found.

"2. *A shortage of public-health nurses in the area.*—One public-health nurse was serving 25,000 people. Bedside nursing care was needed for the residents of trailer camps. For 300 men living in the dormitory no bedside nursing care was available in the event of illness.

"3. *No prenatal clinic in the area.*

"4. *Only one child-health clinic in Essex, 4 miles from plant.*"

It was learned at this time that the United States Public Health Service, following a reconnaissance study in December 1941, had recommended:

- (1) The addition of at least two physicians—one to have his office in a trailer camp; the other to serve the surrounding area.
- (2) One new dentist to start practice in the area.
- (3) Three public-health nurses to be added for the Middle River area.
- (4) Clinic service to be expanded.

In May 1942 the professor of pediatrics at Johns Hopkins Medical School wrote to the Children's Bureau requesting that something be done to improve the medical and day-care conditions in the Middle River area around the Glen Mirth plant. He indicated the conditions were "about as bad as could be and demanded immediate, intelligent, and comprehensive relief."

Early in May a representative of the Children's Bureau discussed the situation with the maternal and child health director of the Maryland State Department of Health and later in the month another visit was made to the Middle River area with the maternal and child health director. The data with respect to population and number of physicians included in the Public Health Service report were confirmed.

It was found that the trailer camp manager had arranged with the six local doctors to be on call to care for the residents of the trailer camp. The medical society had established an immunization clinic in a trailer and a fee of \$1 was being charged. No other services were provided. At this time the medical society had planned an obstetric fee schedule charging \$2 a visit and \$35 for delivery. It was hoped that a private-duty nurse could be found to assist in these deliveries.

The camp manager reported to the representative of the Children's Bureau that there was an acute need for medical service, that many people could pay something—though not much—but that the chief difficulty was the shortage of doctors and the inability to reach them when urgently needed.

It was reported to the Bureau's representative that there were no health department clinics in the region because the local medical society opposed them on the grounds that the people could pay for private care.

Early in June 1942 the Chief of the Children's Bureau called a conference in Washington to discuss the situation in the Middle River area. It was attended by the Maryland State health officer, the State commissioner of welfare, the director of maternal and child health division, the health officer of Baltimore County, and representatives of the Children's Bureau and the United States Public Health Service.

Following discussion it was agreed that the State and county health departments would establish a health and medical care program limited in its inception to the people in the trailer camps. It was agreed that the plan would provide for full-time services of a physician, child-health conferences, prenatal clinics, pediatric clinics for sick children, home visits by the physicians, and venereal disease clinics.

A tentative plan for health and medical services in the Middle River area was submitted by the State health department to the Children's Bureau on July 11, 1942. It provided for the services agreed upon at the Washington conference and also outlined a program of maternity care to be provided in

trailers to be loaned to the county health department by the Farm Security Administration. One trailer was to serve as a delivery room, another for postpartum care, and one for clinic service. The plan further provided a fee schedule for clinic visits, home visits by the health department physician, delivery and hospitalization in the trailer. The fees were to be paid to the county health department and set aside to support the Middle River program.

The State health department requested the Children's Bureau and the Public Health Service to allot funds to assist in financing the program. The project included one full-time physician, two public health nurses, and a nurse midwife. The State health department in submitting the plan stated that the county medical society had "approved it in principle."

The plan was satisfactory to the Children's Bureau.

When the final plan was submitted in August 1942 it included a statement that the Baltimore County Medical Association had accepted the report of its subcommittee on the plan and asked the committee to continue negotiations that would be helpful to bring the plan to fruition.

The endorsement of the county medical society was given with the understanding that the plan would be in effect only so long as the national emergency exists. It was the further understanding of the Baltimore County Medical Association that the plan to supplement medical care in the trailer camps was "based upon the paucity of physicians for the population that had increased in the Middle River area as a result of the war effort."

Because of the urgency of the need and while awaiting the development of the proposed program, the maternal and child health division of the State health department established a prenatal clinic in a trailer at the trailer camp. This clinic was conducted by a practicing physician who had recently established herself in the area.

A full-time woman physician was employed in September 1942 by the State health department and assigned to work for 6 weeks in the Johns Hopkins Hospital under Dr. Eastman, professor of obstetrics, Johns Hopkins Medical School, and a member of the State health department's advisory committee. The plan indicated that at the end of 6 weeks she was to establish an office in a trailer in the trailer camp to carry out the program including deliveries of women in the maternity trailer.

Before the program was actually put into operation some differences of opinion arose concerning some details of the plan. These were reported to be related to such matters as time for office hours in the clinic and fees for delivery care. Furthermore, Dr. Eastman questioned the proposal to allow all practicing physicians to deliver patients in the maternity trailer since this program was planned to serve as a model for other programs in comparable war production areas and he felt that the utmost care had to be exerted to assure the safety of the patients delivered in the trailer. The special training for the full-time physician in obstetrics at Johns Hopkins Hospital was planned for the express purpose of preparing her to handle deliveries under the conditions of a trailer delivery room. Under properly controlled conditions, Dr. Eastman felt that delivery in the trailer was a safe procedure; he agreed that establishment of delivery facilities in a prefabricated house would be more satisfactory and that delivery in a hospital was even better. The lack of hospital facilities for maternity care in the area was, however, the basic reason why the best possible substitute measures were thought to be necessary.

When Dr. Eastman presented these views to the local medical society committee, his proposal that deliveries in the trailer be done by the full-time physician was not acceptable. The society went further and refused to permit the continuation of the prenatal clinic or the establishment of the child-health conferences. They proposed that the clinic trailer be available to all doctors on a private-fee basis—that all patients be delivered in Baltimore and that the county health department supply a nurse but no physician. However, on investigation it was found that hospital facilities in Baltimore were too crowded to take care of the patients from the Middle River area.

The plan as proposed has been abandoned.

PRESENT STATUS (NOVEMBER 1942)

The population of district 15 is now 42,000. There are 6 doctors serving this population. The ratio of physicians to population is therefore, 1 to 7,000 people. Recent proposals for the county health office to set up child-health conferences and an obstetric consultation clinic have both been refused by the committee of the county medical association.

Senator MILLIKIN. Here is Senator Pepper.

Senator Pepper, the doctor has made a splendid statement as to those things that accumulate, as Mr. Weber expresses it, into a perfectly hellish situation.

Senator PEPPER. I am sorry to have missed your statement, Doctor, but I will read it in the record.

Senator MILLIKIN. I wanted to ask one or two questions of the Doctor.

Senator PEPPER. Go right ahead.

Senator MILLIKIN. With reference to the need for expanded hospital facilities generally and in those communities that are deficient in that way, does the War Production Board allow priorities that permit those expansions?

Dr. ELIOT. I am informed that one difficulty with the expansion of hospitals under the Lanham Act has been that in many cases priorities have not been allowed and therefore the hospitals could not be built even though they had been approved by the Public Health Service.

Senator MILLIKIN. As to the physicians that are not needed by the Army, in your judgment, if there was some such plan of allocation, would there be enough remaining physicians to meet these health needs that you have developed here?

Dr. ELIOT. In my opinion there would not be enough to meet the need completely. If the physicians were properly distributed throughout the country the needs could be met much more effectively than they are today.

Senator PEPPER. Dr. Eliot, certain committees were this morning attending a presentation by General Marshall of the military situation, and for that reason I was deprived of hearing your excellent statement, and now we have to go up to the floor to answer the roll call, and Mr. Weber will go ahead with the questioning for the record, if you will please allow him.

Dr. ELIOT. Yes; indeed.

Senator PEPPER. We are very grateful to you; you have been very helpful to us.

Dr. ELIOT. Thank you.

Dr. WEBER. Dr. Eliot, we understand Procurement and Assignment established certain quotas for doctors and these quotas were weighted according to population and according to the doctor population, but in the recruiting of doctors in relation to the quotas some of these quotas were greatly overfilled, and some were underfilled, so that the particular result of that system to date has been in actual fact to strip rural areas of physicians, and particularly southern rural areas of physicians, so that, as one witness brought out before the committee in executive session, those areas least well supplied with the physicians in peacetime have been those hardest hit in terms of withdrawal of physicians, comparatively speaking. Is that borne out by the information that your office has?

Dr. ELIOT. I think it is in many areas. For instance, some counties in the South and in the Southwest and to some extent in other parts of the country.

Dr. WEBER. But in the main those are rural areas, even in other parts of the country?

Dr. ELIOT. Yes; in the main they are rural areas and areas around small towns.

Dr. WEBER. Now it is our understanding that because these quotas, the filling of them was carried on in an uncontrolled fashion, it is fair to say that there was no basic plan for the division of physicians between the armed services and the civilian population, there was no over-all allocation with any regard to the civilian health in the filling of quotas; would you agree with that?

Dr. ELIOT. Yes, I would.

Dr. WEBER. A particular example of that is the fact that obstetricians and pediatricians, that are essential to the maintenance of the population, have been taken without any particular regard to their availability; that is, they have been withdrawn from the medical service in the same way in which other physicians have been withdrawn. Did I understand you correctly to say that you believe that their withdrawal should be stopped?

Dr. ELIOT. Yes; I do believe their withdrawal should be stopped. I think the Army undoubtedly needs some pediatricians to staff communicable disease wards in the clinics. Pediatricians, of course, are often the best trained physicians from the point of view of care of communicable diseases, and I can understand fully why the Army would need a certain number of pediatricians to provide that type of service for the young men in the Army.

Dr. WEBER. But this would not hold true of obstetricians?

Dr. ELIOT. That would not hold true of obstetricians.

Dr. WEBER. Already we have had to furlough back to the copper mines a certain number of miners that had been withdrawn, and in other States we have had to suspend the quotas in order to prevent the induction of essential workers, either skilled or otherwise, in war work. Has there been any discussion of the return of obstetricians from the armed services to civilian practice?

Dr. ELIOT. There has been no formal discussion, but that procedure has been raised with me by certain pediatricians and obstetricians and the question asked as to whether the Army would be willing to assign some of these specialists back into civilian life.

Dr. WEBER. Has there been any discussion with the Army of that matter?

Dr. ELIOT. No; there has been no discussion with the Army.

Dr. WEBER. There was a recent conference held by Mr. McNutt which included the Surgeons General of the Army and the Navy and Dr. Leahy and Dr. Parran. Was there any representative of the Children's Bureau there?

Dr. ELIOT. No; the Children's Bureau has not been represented in the national committees concerned with the assignment of physicians. We have had a member of our staff serving in an advisory capacity to the Procurement and Assignment Service. The pediatricians of the country in fact have not been represented.

Dr. WEBER. Is the induction of obstetricians and pediatricians continuing?

Dr. ELIOT. I believe so. I know some young men who are awaiting induction at this time.

Dr. WEBER. So that conference, at which no representative of the Children's Bureau was present, so far as you know, has had no material effect in changing the induction of these persons?

Dr. ELIOT. I have heard nothing that would make me think so.

Dr. WEBER. Would it be fair to say that the public health work in the country is being shot to pieces, or is that a blunt statement?

Dr. ELLIOT. I think that may be a bit extreme, but certainly the maternal and child-health field has suffered very considerably from the war situation.

Dr. WEBER. Would it be fair to say that the country has not understood that health is a military necessity?

Dr. ELLIOT. Yes; I think so.

Dr. WEBER. There has been no national program of public health connected with the war workers that you are familiar with?

Dr. ELLIOT. As far as I know, no new national program has been established under a national agency. I believe the usual program and interest of the Public Health Service in industrial hygiene and of the Department of Labor in industrial hygiene and accident prevention have been extended to a considerable degree to meet new problems created by the war.

Through emergency health and sanitation appropriations to the Public Health Service, a large number of industrial hygiene physicians, engineers, and chemists have been assigned to the various State boards of health and State departments of labor to augment the industrial hygiene and health programs in those States. Through the same appropriations there has also been an increase of rural health facilities or environmental sanitation work in areas around those plants.

In the Department of Labor there has been set up a national committee for the conservation of manpower in war industries and under this program there have been loaned to the Department of Labor by industries more than 500 safety engineers to provide contract plants with technical safety service.

Dr. WEBER. But those are peacetime programs.

Dr. ELLIOT. Yes, the peacetime program is extended to meet some of the war needs.

Dr. WEBER. You have indicated in your paper that in many cases those programs—pardon my phrase again—are being shot to pieces by the induction of physicians and public-health officials into the armed services.

Dr. ELLIOT. Yes.

Dr. WEBER. And those men are not being replaced?

Dr. ELLIOT. That is right, or they are being replaced with great difficulty in the maternal and child-health programs. Some men or women have been found and placed in positions from which the young men have gone, but there are still a good many vacancies.

Dr. WEBER. If that induction of medical personnel continues at the present rate for an enlarged Army of seven and one-half million, would it be your opinion that without any change in the present situation, and the induction rate staying the same, that the public-health programs of peacetime will be shot to pieces?

Dr. ELLIOT. It is my opinion that they will suffer very seriously.

Dr. WEBER. Why wasn't the United States Public Health Service made the instrument for the induction of medical personnel into the armed services?

Dr. ELLIOT. I don't know; I can't answer that question.

Dr. WEBER. It is a fact that we are losing 6,000,000 man-hours per month from industrial production because of illness of workers?

Dr. ELLIOT. I do not know that from any direct personal investigations, but I have heard that that is true.

Dr. WEBER. The first step that you would recommend is the establishment of an over-all authority within the War Manpower Commission to evaluate the needs of civilian and military life for health services and thereupon to allocate the personnel and facilities?

Dr. ELLIOT. Yes; I believe that an over-all authority should be designated. I would not be in a position to state whether it should be in the War Manpower Commission or in some existing Federal agency or set up as a board on which several Federal agencies are represented.

Dr. WEBER. At the present time there is no such planning?

Dr. ELLIOT. At the present time the planning for the civilian population certainly is not in great evidence.

Dr. WEBER. Would it be fair to say that it doesn't exist?

Dr. ELLIOT. I would think so.

Dr. WEBER. The plans on paper have not appeared; they have not even been drawn?

Dr. ELLIOT. I have seen no plans on paper, certainly.

Dr. WEBER. Thank you, Doctor, for your very able statement. It was very helpful to the committee.

What seems to be needed is fact rather than rhetoric, and your paper is full of fact.

Senator MILLIKEN. Before you leave, Doctor, I would like to add one observation on that part of your testimony having to do with medical care after the war. I do not believe this is an appropriate occasion to pursue the matter, but I do wish to state that there is a wide division of opinion on how far the Government should go in pushing health matters as against State control. I don't believe this is the time to go into that but I merely want to state my own awareness of that division of opinion.

Dr. ELLIOT. Yes. Well, I am aware of the difference of opinion. I am a great believer in Federal, State, and local responsible bodies acting together and cooperating in the program.

Senator MILLIKEN. Yes.

Dr. ELLIOT. I thoroughly believe in responsibility for the conduct of a program being left to the States, but when the Federal Government makes financial contribution to a program it has a responsibility for setting standards of administration and care and for providing advisory and consultation service.

Senator MILLIKEN. Thank you very much, Doctor.

INVESTIGATION OF MANPOWER RESOURCES

FRIDAY, NOVEMBER 20, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The subcommittee met, pursuant to notice, at 10 a. m., in the Committee on Education and Labor committee room, United States Capitol, Senator Millikin (acting chairman) presiding.

Present: Senator Millikin (acting chairman).

Senator MILLIKIN. Mr. Paul A. Rasmussen is the first witness.

Are you ready, Mr. Rasmussen?

Mr. RASMUSSEN. Yes, sir.

STATEMENT OF PAUL A. RASMUSSEN, INDEPENDENT LUMBER DEALERS ASSOCIATION, AND NORTHERN MINNESOTA PINE PRODUCERS ASSOCIATION

Senator MILLIKIN. Will you us tell your name, residence, and occupation; and give us a little something of your background?

Mr. RASMUSSEN. My name is Paul A. Rasmussen. I live at 2028 James Avenue, St. Paul, Minn. You want just a little background?

Senator MILLIKIN. Yes, just a little. Tell us who you are.

Mr. RASMUSSEN. I was a college professor at Concordia College, Moorhead, Minn., 15 years. I was State Budget Officer of Minnesota, and director of the State for 4 years. I was public relations representative for the Minnesota State Federation of Labor and of three cooperative wholesalers in the State for 2 years, and for the past 4 years I have been in business, in general contracting and operating three farms that I have. That, in general, is my background.

Senator MILLIKIN. What did you teach when you were an instructor?

Mr. RASMUSSEN. I taught in the department of political science, and I taught public speaking, debating, and oratory.

Senator MILLIKIN. Go ahead with your statement, Mr. Rasmussen. Have you a prepared statement that you wish to read?

Mr. RASMUSSEN. No; I haven't any prepared statement.

Senator MILLIKIN. Go right ahead. Take your own head and tell us what is on your mind.

Mr. RASMUSSEN. Well, during the years that I was State budget commissioner, I became very much interested in the forestry program in our State, particularly as it applied to the small operators. I hoped the time would never come when the Minnesota lumber industry would be exploited further. I had an opportunity to work

with the State forestry service and became acquainted with some of the men in the Federal Forestry Service, and also became acquainted with a large number of the pony mill operators. During that time I developed a great deal of respect for the integrity and objectives of both the State and national forestry services.

Now, with the war effort, with the depleting of stock in retail yards, with no intelligent program apparently giving direction to the production of lumber which is a strategic and critical material in the war effort, I became interested, at the request of several of the independent dealers and the small pony mills, as we call them. In contacting the Forestry Service through the Department of Agriculture we found that there was a very comprehensive program that had been submitted to the War Production Board around the middle of July.

Senator MILLIKIN. Who submitted that program, Mr. Rasmussen?

Mr. RASMUSSEN. The Forestry Department of the Federal Government submitted that program to the War Production Board, and that program, when it was explained to us, was just what the lumber industry of Minnesota needed. It seemed to be very reasonable and logical to us. The Forestry Service had its ramifications not only throughout Minnesota but throughout the entire timber areas of the country, and it would not require putting up a new set-up, but would be worked with men that you knew, that the operators of the pony mills knew, and they were people in whom they had a great deal of confidence. That program has failed to materialize up to the present.

We have gone into the production period. There is inactivity. I think it would be safe to say the 633 pony mills that we have in Minnesota are not operating at 50 percent capacity. A person would almost have to live in the northern part of our State to appreciate the situation, because from an agricultural point of view it is not very productive. The farmers, that is, the heads of the families there, need something to supplement their work some months out of the year. There is an ample supply of that type of labor to go into the woods that is not being utilized at the present time.

I think I can present a fact that may be of interest to you. On Monday of this week I was up there in Bemidji, Minn. The Dickinson Lumber Co. up there have a contract that they are working on at the present time building 200 grain bins for the Commodity Credit. They started producing these bins on Monday. They advertised for labor. They had some 40 men or over that they had to tell they did not have work for them. That situation prevails pretty much throughout the entire timber area in the northern one-third of our State.

I was down here about 4 weeks ago, and at that time I had an opportunity to talk with Ben Alexander. I called in Donald Nelson's office, and his secretary referred me to Mr. Alexander and made an appointment for me. I went over there and met with Mr. Alexander. I was very much surprised and quite disappointed as a result of that conference.

Senator MILLIKIN. What is Ben Alexander's exact job?

Mr. RASMUSSEN. Well, it is my understanding that he is assistant to Donald Nelson in the timber division over there. I know he is at

the head of Arthur Upson, who is Chief of the Lumber and Lumber Products Branch in the Division of Industry Operations. What his official title is, I do not know, but he made the statement that due to the situation as we now find it, it would be absolutely necessary to liquidate a large number of the retailers in the lumber industry. I could not quite understand that, and in talking with him I told him that I thought the American people were pretty well convinced that it was necessary to take an altogether different attitude toward stock piling nonperishable articles. I said, "I think it is humiliating to all of us that we were not sufficiently farsighted to realize the necessity, with 130,000,000 people, more or less, of having modest stock piles of articles like rubber, wheat, and lumber." When I said "lumber," he sat up rather erect in his chair, and he said, "Good God, I hope it will not be lumber stock piles." Well, I was, as I say, somewhat taken aback. It did not disturb me, but I could not quite understand that. After the conference, when I found out that Mr. Alexander was very closely associated with the Masonite Co.—I think president of that company—it became quite evident to me that his interests were diametrically opposed to the interest of the lumber mills in our State. It was apparent that the replenishing of the stock in the retail yards with Minnesota lumber and lumber products, creating a stock pile was not a matter in which he was at all interested.

Senator MILLIKIN. Is Masonite a composition board?

Mr. RASMUSSEN. Yes; it is a composition board. It is really a substitute for lumber.

Senator MILLIKIN. What is it made out of?

Mr. RASMUSSEN. Well, it is fiber. I think Mr. Schultz, who is a lumber man, can tell you.

Mr. SCHULTZ. It is made out of sugarcane stalks, I think. It is all made practically in Mississippi. The fiber comes from material such as that.

Senator MILLIKIN. Go ahead, Mr. Rasmussen.

Mr. RASMUSSEN. Then, just before we left the Twin Cities, Minneapolis and St. Paul, we received information regarding an order that was recently put out. It is called War Housing Construction Standards, Item D, and it reads:

The use of wood wall sheathing shall not be permitted when other material, such as fiber insulation and gypsum boards, are obtainable.

It also goes on to say that the use of softwood finished flooring or softwood subflooring is prohibited.

It looks very much as if this is being done at the expense of the lumber industry in Minnesota and to the advantage of lumber substitutes, such as Insulite and similar materials.

The citizens of Minnesota and the people in the lumber industry there are a modest group of people, but they are interested in doing their share in this war effort. They would like to get into operation at capacity. They received information to the effect that the anticipated requirements for lumber for Army, Navy, aircraft, and civilian needs for 1943 is in the neighborhood of 40,000,000,000 board feet. The industry itself can produce, working at capacity only 30,000,000,000 feet. The Forestry Department in July submitted a program for the War Production Board stimulating this industry so that an additional 10,000,000,000 board feet would be produced.

Senator MILLIKIN. Was that the program to which you referred to awhile ago?

Mr. RASMUSSEN. Yes. That program has been delayed for a period of 4 months, and it is only natural that such procedure is hard to understand, to say the least. It is quite evident, from past experience, that the program as submitted by the Forestry Department could accomplish this, because in 1923, 1924, and 1925, at a time when the sawmills throughout the South and Northwest were working at capacity on account of the fact that the farmers were cutting lumber because they got such a meager return from their agricultural effort, and the small operators were supplementing what was produced by the larger monopolized industry, the output was from thirty-nine to forty-one billion board feet.

Now, we have confidence in the Forestry Department in Minnesota, as I have stated. We do not like to see some high-powered operators with a lot of money come in there and corral these pony mills and monopolize the market and establish concentration yards and give them just what they want to and exploit them.

We would like to see an agency like the Forestry Department go in there and give intelligent direction to the entire program, at any rate during the duration of the war. They own much of this timber, they know what tracts should be cut. They know the value of the logs and the different grades and types of timber. They are in a position where they can coordinate that with the entire war effort. They can give unselfish and unbiased advice to these people who do not lobby and who do not understand anything but good, honest hard work.

That, in substance, is what I have to say to this committee, and I am very grateful for the privilege of being here.

Senator MILLIKIN. We are glad to have you here.

Can you give us a little of the detail of the Forestry Service program to which you referred? Just exactly what did they propose?

Mr. RASMUSSEN. Well, I think they have a copy of that entire program in detail. I have read extracts from it. The substance of that program, as I understand it, is for the Forestry Department, acting through the Commodity Credit Corporation, establishing a revolving fund of \$100,000,000 to, as I said, stimulate this industry, to go out and assist the small operators in providing a market for them, and the Forestry Service, depending on the situation in the various States, whether it was along the Atlantic seaboard or in the South or Middle West, to control that through the concentration yard, and to assist in the sale of this product.

Senator MILLIKIN. Would the revolving fund be a loan fund?

Mr. RASMUSSEN. I think they would handle that on the basis of taking security in the lumber as it was produced and following it through the various channels of distribution and providing a reasonable margin for those people that produced it and handled it.

Senator MILLIKIN. That is still quite feather-beddy in my mind as to just exactly how they are doing it, why they are doing it, and what they expect to accomplish by it. Let us start with the evil that they are trying to correct. What is the evil that they are trying to correct?

Mr. RASMUSSEN. The evil that they are trying to correct is to overcome the delay in production of the small lumber producers.

Senator MILLIKIN. What is the cause of that delay?

Mr. RASMUSSEN. The cause of that delay is the lack of information regarding the requirements for lumber, and the lack of a stable market.

Senator MILLIKIN. Do these pony mills to which you refer have cooperatives?

Mr. RASMUSSEN. No; I do not know of any pony mill in the State that is set up as a cooperative. In many cases it is a family proposition, where the father and sons operate the mill.

Senator MILLIKIN. Let us see if we can clear it up a little bit by assuming that you, for example, are running a pony mill. Now, what is your problem? What gives you most of your difficulty?

Mr. RASMUSSEN. What gives me most of my difficulty in running a pony mill?

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. Well, it is the fact that I do not know what grades of lumber are required and what prices I would receive for those various grades, and what the anticipated needs of the trade or the markets are, and the lack of a ceiling price on northern pine and aspen, and a general confusion that would be hard for me, as a small operator, to understand to such an extent that my mill would be idle when it should be in production at capacity.

Senator MILLIKIN. Do the small dealers and small operators have any sort of business associations through which they could get that kind of information?

Mr. RASMUSSEN. Well, Mr. Schultz was president for 2 years of the Independent Lumber Dealers Association and has been their field secretary since. They have an organization. The 638 small operators have an organization, but it has not been active.

Senator MILLIKIN. Why not?

Mr. RASMUSSEN. Well, I would say the principal reason why they have not been active is the make-up and nature of the individuals who operate these mills, the fact that they are scattered over a large area and that they are not aware or informed of what advantages would result through organization.

Senator MILLIKIN. What magic could the Government introduce into a situation of that kind?

Mr. RASMUSSEN. There would not be any magic, I think, at all. I think the Forestry Department understands that problem and go in and give intelligent direction to these people, so that they could start operating. I do not think it would be difficult to organize at all.

Senator MILLIKIN. Well, I am curious to know why the business association of these small operators cannot do the same thing. I mean, why has that bogged down?

Mr. RASMUSSEN. It is very easy to understand that. These people who operate the small mills—it might be hard for you people here in Washington to appreciate the limited finances that they have.

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. They have to be paid the same day they bring in a double cord of pulpwood in order to go home and produce another cord.

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. When they bring a load of rough-sawed lumber, they have got to take the money or the check back home with them. There isn't capital amongst the entire group that is sufficient to go into a large-scale operation, that is absolutely essential in order to put efficiency into the plant.

Senator MILLIKIN. I got the impression from your remarks awhile ago that the trouble was largely a lack of trade information. Now, you are developing that there is also lack of capital in these operators.

Mr. RASMUSSEN. Yes; there is both. The operators who operate on a larger scale and perhaps produce from 5,000,000 to 6,000,000 feet a year are very hesitant about going into it, those who have money, because, for instance, the cost of stumpage has gone up and the ceiling price has destroyed that margin of profit. There is not a correlation between the price of stumpage as it is now and the ceiling price.

Senator MILLIKIN. In normal times is there a working relationship between these small producers and the local banks?

Mr. RASMUSSEN. I think that is an individual proposition. Each case would have to be handled individually. Some of these operators have a friend who has money who finances them. The banks have been somewhat hesitant to go into an operation unless there is an immediate turn-over.

Senator MILLIKIN. Would we be reasonably accurate in making the general statement that this small industry as a whole is not properly financed?

Mr. RASMUSSEN. Yes.

Senator MILLIKIN. Would it be correct to say that?

Mr. RASMUSSEN. Yes; it would be decidedly correct to say that.

Senator MILLIKIN. Some of the small operators do succeed in making successful private financial arrangements and some do not?

Mr. RASMUSSEN. The majority are handicapped, and on account of the fact that adequate, reasonable financing is lacking, they are victims of exploitation.

Senator MILLIKIN. Now, I would like to ask a few questions that would relate this problem a little closely to the war effort. As I understand, there is a priority on lumber, isn't there?

Mr. RASMUSSEN. Yes.

Senator MILLIKIN. What are the reasons assigned for that priority?

Mr. RASMUSSEN. Well, that would really be a question for the priority officials here in Washington to answer. It is apparent to us that there is such a shortage of lumber that it requires a priority.

Senator MILLIKIN. I have understood, and I do not state this to be a fact at all, that they justify a priority on lumber on the ground of shortage of labor, preferred use for labor that might otherwise be available for lumber in other industries and transportation. Can you give us any observation on those factors?

Mr. RASMUSSEN. Well, the observation there would only be as far as the State of Minnesota is concerned.

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. The labor situation on the west coast may be acute. In Minnesota, as far as operating an industry there, in 1940 these

pony mills, according to the census, produced 114,000,000 or more feet of lumber. That is only a drop in the bucket, as far as the whole lumber industry is concerned, when you go into the matter of producing 30,000,000,000 board feet. Transportation is a critical factor, as far as bringing lumber in from the west coast.

There isn't any question but what there is a very decided shortage of lumber and forest products throughout the State of Minnesota. On one of the farms that I have, we had a cyclone that blew down a barn, and I am just finishing rebuilding it. That barn is 74 by 36 feet. I have to go to one pony mill 160 miles to get some lumber, and to another mill about 25 miles to get some lumber, and some lumber from the local yard. That was No. 3 siding. They asked me \$84 for siding that if it went back to the ceiling price you could get at probably \$38 or \$40. Now, that is the situation, when it comes to any type of construction, unless you are building a large Army cantonment or a war industry.

Senator MILLIKIN. Give us a description of a typical pony mill. What have they got there?

Mr. RASMUSSEN. Well, there is a variety of pony mills. In some cases the farmer has the timber on his own land; in some cases he goes in and buys the stumpage from the State or from the Federal Government. When the ground freezes up he goes in there and sets his sawmill and has his employees cut these logs. They usually make a crossroad and set the pony mill right in one of those corners, that is, if they are sawing the lumber right in the woods, which is being practiced more generally now than it has been because it is more economical to saw in the woods and take it out than it is to haul the logs out. They skid those logs in either with a tractor or with horses and the logs are put on there. The north country is pretty saturated, you might say, with men who understand just what can be cut out of every log, even in these small operations.

The log is sawed into 1-inch boards or into dimension lumber, or right now in the steel industry there is quite a market for this northern pine for supporting lumber for some of the iron-ore operations.

Senator MILLIKIN. They do not go into fancy shapes or planing operations, or anything of that kind? I mean the average pony mill.

Mr. RASMUSSEN. Some of them will stock pile. They may, although very few of them do, having a planing mill come in and plane that from \$4 to \$5 a thousand and then they will take and sell this to some larger yard. That is something that is on a small scale. In some cases the larger operator buys the stumpage and pays for the use of the pony mill, pays the insurance on the employees, with a very definite understanding that the product should be sold to him at a certain price.

Senator MILLIKIN. Does Minnesota have an export market in that type of lumber, or is it mostly consumed within the State?

Mr. RASMUSSEN. I think it would be safe to say that by all odds most of it is consumed within the State.

Mr. SCHULTZ. Yes; quite a large amount of it is. However, they have been shipping out to markets in Milwaukee and Chicago.

Senator MILLIKIN. Do you have a lumber priority in Minnesota?

Mr. SCHULTZ. We are subject to the west coast regulations, and all the rest of the regulations that have come out. The northern pine,

consisting of white and Norway, have been given a ceiling, but as yet these jack pine species have not.

Senator MILLIKIN. Mr. Rasmussen, you made reference to the exploitation of these pony mills. What is the nature of that exploitation?

Mr. RASMUSSEN. The nature of that is giving them a minimum price for what they produce and taking advantage of the fact that they do not know the value of the article translated in terms of present market values, rather than giving them as much as could be given.

Senator MILLIKIN. Cannot their trade associations keep them informed on the value of their product?

Mr. RASMUSSEN. The small operators, as I say, are not well organized. They haven't a trade organization that does that at the present time.

Senator MILLIKIN. Passing the problem on the question of financing and coming to the information part of the problem, is not that a thing that is primarily up to the producers themselves? I mean, isn't it their responsibility to organize themselves, so, in a way, they know what is a fair price for the product and know what the market conditions are?

Mr. RASMUSSEN. Yes; I think it is their responsibility. Only I do not consider it a responsibility during a time when there is as much regulation and as much control of business as we have and is necessary in promoting this war effort. I do not think it is justifiable, if I may make a statement like that, to deny the citizenry of America a stock pile of lumber that is so needed in this war effort, when it can be produced and is not being produced.

Senator MILLIKIN. Now, I want to come to that. First I want to come to this provision in the regulations you read having to do with the use of compo board, and that sort of thing. Did they give you any reason for that part of the regulations?

Mr. RASMUSSEN. We have not discussed with any of the men that are over there.

Senator MILLIKIN. Since the problem, according to the theories that I have heard, turns around transportation and labor, let us look into this compo board business from that standpoint for a moment. Is there a saving in labor, considering the construction objective, by the use of compo board? By the use of compo board. I mean all of these fiber boards or sawdust boards, whatever they may be made out of. I am using that term to include everything except natural lumber.

Mr. RASMUSSEN. You mean using it for sheathing or flooring?

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. You mean in the construction of a building?

I do not know what you would use to save lumber for a flooring and for sheathing in place of shiplap. I think, from the construction point of view, it would take more.

Senator MILLIKIN. Let us go into the production end.

Would you have an opinion on whether there would be a saving of labor in the production of compo board as distinguished from the production of raw lumber?

Mr. RASMUSSEN. I would not have any opinion on that because I know nothing about that. I have gone to some of the factories where they are turning this out in rolls.

Senator MILLIKIN. I anticipate when we get into this fully, we will find that it will be alleged that, from the production standpoint, there is less labor involved in the production of compo board than there is in the production of raw lumber.

Mr. RASMUSSEN. I would venture this information, which I think could be substantiated, and that is in those areas that are producing the composition boards there is a much greater shortage of labor than in those areas that are producing lumber, because the composition board requires a much larger skill and is usually produced in a large metropolitan city area, while lumber is produced usually by semiskilled, unskilled, and some skilled type of labor.

Senator MILLIKIN. I suspect that it would also be alleged that you can ship compo board more economically, because you can stack it with greater economy, with greater freight savings, than raw lumber. Would you have any view on that?

Mr. RASMUSSEN. No; I would not. Mr. Schultz might have something on that point.

Senator MILLIKIN. I realize that the whole subject is rather speculative. Since we do not have the reasons that they have assigned for it, the whole subject is rather speculative. I gather from your testimony that in northern Minnesota, in the area where most of these pony plants exist, there is an actual surplus of labor available to do that kind of work.

Mr. RASMUSSEN. Yes.

Senator MILLIKIN. What kind of farms do they have up there?

Mr. RASMUSSEN. Well, they have farms varying in size throughout this timber area of probably from 40 to 320 acres.

Senator MILLIKIN. What do they produce?

Mr. RASMUSSEN. They produce dairy products, poultry products, and grass seed, clover seed.

Senator MILLIKIN. We have had a wealth of testimony here—and this is especially true in the State of Minnesota—to the effect that there is such a shortage of labor on the dairy farms due to the operation of the Conservation Act that dairy herds are being sold. There seems to be a conflict between your testimony and the other testimony to that effect.

Mr. RASMUSSEN. No; there would not be any conflict. If you took a trip with me through Minnesota for a day and went down through the dairy part of the State, through the southern part of the State that is strictly agricultural, where a farmer works 365 days out of the year, where he has a dairy herd from 20 to 40 good producing milk cows, we will say, you would say that there is a very decided labor shortage. On the two farms that I have, for a period of 6 weeks I tried to get help to pick 20 acres of corn. I have offered 10 cents a bushel to get that picked, but the corn is still in the field. I cannot get anybody to pick it.

Senator MILLIKIN. How many bushels of corn does a man pick in a day, in your country?

Mr. RASMUSSEN. Well, he would pick 75 to 80 bushels a day, and then he has his board in addition to that. I would say they make about \$8 a day.

Senator MILLIKIN. What part of Minnesota is that?

Mr. RASMUSSEN. That is right in the central part, 35 miles from the Twin Cities.

Senator MILLIKIN. Do I get the picture correctly, then, that in contrast with that situation, in northern part of Minnesota, in the area you are talking about, they have smaller herds and therefore do not have the same acute labor problem?

Mr. RASMUSSEN. Yes; they do not specialize in farming there.

Senator MILLIKIN. What crops do they raise?

Mr. RASMUSSEN. Well, as I say, they raise garden crops; they have their gardens and a few cows, maybe all the way from 2 to 10 cows.

Senator MILLIKIN. Is it a hay country?

Mr. RASMUSSEN. It is a hay and grass seed country.

It is white clover and alsike clover.

Senator MILLIKIN. Do you have any corn that far north?

Mr. RASMUSSEN. Very little. You may have a little silage corn, but practically no silos.

Senator MILLIKIN. No corn crop to speak of?

Mr. RASMUSSEN. That is correct. They raise a little oats; they raise enough forage for the stock that they have.

Senator MILLIKIN. On the whole, they are what you might call family farms?

Mr. RASMUSSEN. Decidedly family farms, and the head of the family in that case as a rule spends 5 or 6 months a year working in some industry to supplement the rather meager income that they receive from their farm operations.

Senator MILLIKIN. And the lumber activities of those people are what you might say part-time occupations?

Mr. RASMUSSEN. Yes; it is a part-time occupation for them. They are men with families. They are not a migrating type, although it is becoming evident that you are getting in some areas something that approaches—well, not ghost towns, but you are having many families where the head of the family is in some war industry leaving.

Senator MILLIKIN. It is your definite opinion that as to that part of Minnesota and as to those 500 or 600 pony mills there is no shortage of labor and they could produce more lumber if they could dispose of their product, and if there were sound financial arrangements to carry the business?

Mr. RASMUSSEN. Yes; decidedly. I think I called your attention to the fact that there was a surplus of 40 men at Bemidji on Sunday morning this week.

Senator MILLIKIN. Could you more definitely place the town you just mentioned? Where, exactly, is that in Minnesota?

Mr. RASMUSSEN. Bemidji is about 125 miles south of International Falls and Fort Frances, Canada. It is about 100 miles from the Canadian border the way the crow flies, and about 325 miles northwest of Minneapolis and St. Paul.

Senator MILLIKIN. Now, with reference to your conversations with Ben Alexander and his statement that it is necessary to liquidate the

retailers in the lumber industry, did he explain that remark, give any reason for it?

Mr. RASMUSSEN. Yes; we discussed that somewhat at length. His justification for that remark was posed on the statement that there were too many such yards in existence in peacetimes to satisfy the demand and the services that were required by the general public, that in most of these communities that had two or three yards one yard could satisfy the needs there.

Senator MILLIKIN. Did you get the impression that his desire to liquidate the retail yards is pursuant to a peacetime economic theory of his, or did he relate it closer to the war effort? Did he, for example, contend that by closing the retail yards you would release labor for other more essential war effort?

Mr. RASMUSSEN. No; it seemed to be entirely a point of view that is a carry-over from his peacetime attitude regarding the entire lumber industry. I think a person has to be pretty frank in his honest convictions. It looks to us, it looks to the independent retail dealers, the large ones and small ones, as if the monopolized lumber industry from the west coast has such good representatives in the form of dollar-a-year men on the War Production Board staff that rather than produce a stock pile of lumber that is needed for war efforts they would jeopardize that condition, in order to guarantee that when this war is over the market will exist for the western coast lumber industry. They do not want the retail yards in Minnesota to replenish their stock with a Minnesota product. They do not want to allow the industry to go into production, they want the substitutes for lumber even now to get in and to take a market that we feel rightfully belongs to our own Minnesota industry. That is speaking very frankly.

Senator MILLIKIN. There certainly is no saving in transportation to move lumber into Minnesota from the west coast.

Mr. RASMUSSEN. It would take a fantastic type of reasoning to come to such a conclusion.

Senator MILLIKIN. And even though you can stack compo board more efficiently than you can lumber, there is a serious question whether you can move compo board, let us say, from Mississippi to Minnesota, and get a freight saving over supplying Minnesota from its own stock piles; isn't that true?

Mr. RASMUSSEN. That is true.

Senator MILLIKIN. On this remark that he hoped that we will not have lumber stock piles; did he explain that remark?

Mr. RASMUSSEN. Yes; he did. That was the hardest remark for me to understand. He explained that remark this way: He said, "After this thing is over and after the war needs and factories and housing have been satisfied, lumber will be coming out of our ears." Now, a rather subtle type of, I call it propaganda, has existed in our State for some time.

Senator MILLIKIN. That is sort of fighting the peace before we fight the war.

Mr. RASMUSSEN. Yes.

Senator MILLIKIN. That is what that boils down to.

Mr. RASMUSSEN. Yes. This is what I mean by information that I spoke about earlier in this testimony. I found at least four operators in Minnesota and I have talked with them regarding this, and

I told them, "Your industry has got a mission to perform in this war effort. I would go in there and produce all the lumber that I could." "Well," they said, "there are some of these large mills on the west coast that can finish 2,000,000 board feet of lumber a day. After these abnormal demands have been satisfied, it would just be a matter of a few days until you have all the lumber that is necessary."

Senator MILLIKIN. Well, again, could you say that it was your conclusion that he was pushing a theory of concentrated business as distinguished from a more scattered small business?

Mr. RASMUSSEN. I feel that the independent lumber operator in Minnesota had absolutely no representation and their interest was not being considered at all.

Senator MILLIKIN. By the way, in this lumber division are there any outstanding men who could be said fairly to represent the small lumber producer?

Mr. RASMUSSEN. Well, Mr. Schultz, from the associations I have had with him, may be placed in that classification. Mr. Clay Steele, of the Park Rapids Saw Mill Co., who is president of the organization there, would be in a position, too, I would say, to give information rather than to speak for them.

Senator MILLIKIN. Don't let us fail to bring up that point, when we get to your testimony, Mr. Schultz.

Go ahead, Mr. Rasmussen.

Mr. RASMUSSEN. By way of information, Minnesota is, I think, one of the principal sources of box lumber, aspen and poplar.

Senator MILLIKIN. Yes.

Mr. RASMUSSEN. Now, when I came down here to Washington yesterday morning I found there is a proposal for a directive, or an order, or ultimatum, or regulation, whatever it is called, to absolutely eliminate the use of aspen and other wood for boxes for all commercial purposes. The paper industry has sufficient influence so that that order is in the making at the present time. Now, you get information like that, and you are cutting pulpwood and you are just an ordinary, modest citizen up in the northern part of Minnesota, and it is just going to scare you. You are not going to take chances on losing the little that you have.

Senator MILLIKIN. The justification that they allege for actions of that kind is usually to save labor and/or to save transportation. Now, it is perfectly obvious that if the labor is idle, and if it is not practical to move the labor into some more useful war purpose, there is not a bit of sense in saving labor from an industry that could be carried on by that kind of labor; isn't that correct?

Mr. RASMUSSEN. That is correct; yes.

Senator MILLIKIN. Would you say that the particular kind of labor that you are referring to in this part of Minnesota comes under that category?

Mr. RASMUSSEN. Yes; I would.

Senator MILLIKIN. There is no reason why the box industry, that derives its industry from that part of Minnesota, under the labor conditions you describe, should be put out of business?

Mr. RASMUSSEN. It certainly should not be curtailed; no.

Senator MILLIKIN. Whereas perhaps it might be true that the box industry in other parts of the United States where different

labor conditions prevail, you might be able to build up some argument for closing the business.

Mr. RASMUSSEN. That would depend entirely on the factors in that particular locality.

Senator MILLIKIN. Exactly. And may we not draw the conclusion from that, in all the war orders so far as they affect our civilian economy, that there should be an intelligent discrimination?

Mr. RASMUSSEN. I think it is absolutely necessary to have an intelligent discrimination, otherwise it is going to work an uncalled for hardship on certain communities.

That is where I think the forestry department, knowing this condition, is in a position to give intelligent direction, rather than to set up a brand new organization that would have to take about a matter of 2 or 3 years before they get the knowledge that the forestry department has to start out with.

Senator MILLIKIN. When we do not exercise that kind of discrimination we are simply confessing mental bankruptcy?

Mr. RASMUSSEN. I think that is true.

Senator MILLIKIN. Have you any further remarks to make?

Mr. RASMUSSEN. No; I haven't. I am very pleased for the privilege of giving you this information.

Senator MILLIKIN. We are very glad to have it.

Mr. Schultz, please.

STATEMENT OF DEWARD G. SCHULTZ, FIELD SECRETARY, INDEPENDENT RETAIL LUMBER DEALERS ASSOCIATION, AND EDITOR OF IRLDA NEWS

Senator MILLIKIN. Mr. Schultz, will you state your name, your residence, your occupation, and something of your background?

Mr. SCHULTZ. My name is Deward G. Schultz. My residence is Bertha, Minn. From the time I was a little boy up to the present time I have grown up in a retail lumber yard. I have been actively engaged in the retail lumber business until about 6 months ago with my father, who has since passed away. That business is still active.

About 5 years ago, and before that time, I was very much interested in the advantages and disadvantages of the smaller independent retail yard as compared with the—

Senator MILLIKIN (interposing). May I break in to ask whether where you live is in this area that Mr. Rasmussen was talking about?

Mr. SCHULTZ. Very close to it.

To continue with my statement, I was interested in the advantages and disadvantages as compared with those of the so-called large line yard systems and chain yards.

Taking into consideration the differentials that were gradually built up over a long period of years, that existed between the carload and less-than-carload price—this is on various items—together with several other general retail lumber dealers in the State, we organized the Independent Retail Lumber Dealers Association, which was to take in these smaller independent retail dealers in the State, and that organization has gradually grown to a point where we have a membership of about 65 percent of the independent dealers in the State.

I was president of that organization for 2 years and since then have continued with them in the capacity of field secretary, more or less on a part-time basis, and 15 months ago became the editor of that association's monthly publication.

Mr. Rasmussen covered the ground of the pony-mill operator quite thoroughly and I do not think it is necessary for me to go over all of that ground again. However, I have made a few notes as we have gone along here, and if you think it is satisfactory I would like to perhaps clear up a few of the points that were left a little bit hazy.

Senator MILLIKIN. You may testify in your own way.

Mr. SCHULTZ. The situation in the manufacturing end of Minnesota's lumber industry dates back quite some time. We would have to go back to the days of the big-time mills in order to get the proper background for the condition that now exists. One by one the big-time mills gradually moved out of the State and, of course, took the cream of our Minnesota timber, the white pine which we have always been quite proud of.

Senator MILLIKIN. They moved out after the cream had been taken?

Mr. SCHULTZ. They moved out after the cream had been taken. The system of operation at that time was the establishment of mills in various towns, among them Bemidji, Cass Lake, Nevis, Akeley, Menahga, Staples, Brainerd, and a lot of others that I could name. They took the timber that was the cream, as I said before, and took other timber of the species of pine that has been mentioned, namely, the red pine, some of the so-called jack pine, and they took that timber from tracts that were quite accessible and handily located for these various mills. The procedure then, of course, was to haul, to transport either by sled in the wintertime or by water, perhaps floating down the lake or river to the mills.

At that time there existed the Northern Pine Association—

Senator MILLIKIN (interposing). I would like to break in at that point.

Mr. SCHULTZ. All right.

Senator MILLIKIN. I intended to ask the question when Mr. Rasmussen was on the stand but I neglected to do it. The product of these pony mills, how is that moved to market?

Mr. SCHULTZ. I was just going to get to that.

Senator MILLIKIN. All right, go ahead.

Mr. SCHULTZ. I was going to get to that in my comparison of the method of operation then and as it is now.

Senator MILLIKIN. Go ahead.

Mr. SCHULTZ. As time went along and these mills moved out to the west coast—by the way, we do not have large mills left in the State any more, they are all gone—time went on, second-growth timber came into existence, some of the timber that was small then, that they did not seem to take, had grown—it had 30 years to do it.

Senator MILLIKIN. There had not been a reforestation program at that time?

Mr. SCHULTZ. No. The drainage projects, roads, and such as those things, that were built by the C. C. C. workers and others, that were given to this territory up there, the result was that quite a number of tracts of timber which were not accessible then are accessible now.

Since that time of course we had the establishment of these various forests, the so-called Chippewa and Superior National Forests, and the timber that was not available then is available now, and of course timber that was not in existence then is available now.

The method of operation now seems to be different, the problem is a little different inasmuch as it becomes necessary to move the small pony mills into these tracts of timber. We may find a stand of 500,000 feet, and probably 100,000 or 200,000 feet there, and it is a mixture of aspen, the various species of pine, namely, white pine, red pine, second growth Norway, and several species of aspen. They produce it, saw it into lumber there and transport it as a rough product to the closest railroad and there concentrated and left to dry.

Senator MILLIKIN. Is it transported mostly by truck?

Mr. SCHULTZ. It would have to be transported by trucks.

Senator MILLIKIN. There could be some teaming, I suppose, if the railroad were close by?

Mr. SCHULTZ. Yes; that is true.

Senator MILLIKIN. Is there any transportation by sled in winter?

Mr. SCHULTZ. There could be; yes.

Senator MILLIKIN. If the railroad were close by?

Mr. SCHULTZ. Yes.

Senator MILLIKIN. But mostly it is by truck?

Mr. SCHULTZ. Mostly by truck. The idea then of the concentration yard, which had been in existence in a small way, would be to concentrate this material at these various places, and there the material is processed further by cleaning, or whatever the needs would be. That answers your question about the difference in transportation now, doesn't it?

Senator MILLIKIN. Yes.

Mr. SCHULTZ. It was interesting for me last week to engage in a conversation with the Department of Forestry out at Duluth and to learn that, just as an example, in one small area of the Superior National Forest they would like very much, as quickly as possible, to move out in the neighborhood of 175,000,000 feet of lumber, and do it by their plan of selective logging to save a lot of timber which is getting overripe and which would be lost.

Senator MILLIKIN. Let me ask you a question on that point. Out in my State most of the lumber reserve is owned by the Federal Government. The lumber we are talking about in Minnesota, is most of that owned privately?

Mr. SCHULTZ. I asked that question recently and I understand approximately 75 percent of the timber is owned by the Federal Government.

Senator MILLIKIN. In this area we are talking about?

Mr. SCHULTZ. Yes. There are some tracts here and there that are owned by private individuals, but they have been left there because there were not operations close enough at hand and they were far removed, due to inadequate facilities to get to them.

Senator MILLIKIN. Do you have State reserves?

Mr. SCHULTZ. Yes; we have.

Mr. RASMUSSEN. The State of Minnesota owns quite a little lumber.

Senator MILLIKIN. In that area?

Mr. RASMUSSEN. In that area.

Senator MILLIKIN. Go ahead, Mr. Schultz.

Mr. SCHULTZ. I was at this point of approximately 175,000,000 feet of timber that could be taken out of one little tract which I had time to examine.

Senator MILLIKIN. Yes.

Mr. SCHULTZ. The Superior National Forest, for instance, involves quite a considerable area. It is that country that lies north of Hibbing, Chisholm, Ely, along the north shore. From there to the Canadian border, and there are some beautiful tracts of timber in there, but due to the fact so far that we have had no way in which this material could properly be taken out, because it involved an immense amount of money to go in there to conduct such an operation, to accumulate a stock pile which is necessary of between 15,000,000 and 18,000,000 feet, the operators tell me, if you will properly draw from a stock pile and season out your lumber, that no one has been placed in the position whereby that could be done. I imagine the operation could be done by others that are amply financed in some way or another. There has not been any way in which it could be done up to this time because the finances are not available, which they could be under this program of the Forestry Department.

The Forestry Department, being interested in trees in that State up there, which the good Lord has meant to grow trees, the Department was very much interested in seeing that some systematic program of forestation is continued in the future. While we will probably not live long enough to see really large trees there again, through a systematic program so much lumber could be taken out every year. That is the program that is really necessary now, if some of this timber that is up there is going to be saved, because it has reached the point where it is overripe and it is simply going to waste.

Senator MILLIKIN. Explain that to us a little more.

Mr. SCHULTZ. If I were a forester perhaps I could explain it a little better. A tree, during a certain length of time, grows very slowly, depending upon the species, but when it reaches the age of, let us say, 12 or 15 years, it becomes necessary for thinning and pruning to be done, and that means then that a certain amount of material at that stage of the growth can be taken out for pulp purposes. The trees are left to grow, and they continue to grow from then on for perhaps the next 10 or 15 years, which is the strong growing period, and perhaps in 20 years more that tree gets to the point where it will produce a large size log.

Senator MILLIKIN. I assume you have a certain species in mind. What species is that?

Mr. SCHULTZ. That time is going to vary depending upon the species.

Senator MILLIKIN. Yes.

Mr. SCHULTZ. I do not recall just what the growing time is for the various species, but it varies somewhat between the Norway pine, the so-called red pine, and the white pine. We are told that the jack pine, for which some of that ground up there is best suited, grows most rapidly.

Senator MILLIKIN. How big will the tree be when it reaches that ripe stage?

Mr. SCHULTZ. That of course varies. It would depend upon the species also.

Senator MILLIKIN. Let us take the last type of tree that you referred to.

Mr. SCHULTZ. The white pine?

Senator MILLIKIN. Yes.

Mr. SCHULTZ. Well, I tried to reach around some of them. They probably have the diameter of, let us say, like that [he indicated a diameter of about 4 feet], some of them smaller, but that depends upon the ground that they are growing on also. There develops a rot and then of course the tree has reached the stage where it must be cut, otherwise it is going to disintegrate entirely.

Senator MILLIKIN. What is the permanent harm from that?

Mr. SCHULTZ. From the loss of that timber?

Senator MILLIKIN. Yes. Of course there is the loss of the timber involved, but does the forest itself suffer, on a long-term basis?

Mr. SCHULTZ. I think it would. As I say, I am not well acquainted with forestry.

Senator MILLIKIN. I am trying to get at the urgency of taking out that lumber in relation to the war effort. That is what I am driving at.

Mr. SCHULTZ. Well, the material there is ready and overripe now, that is, a certain percentage of it is overripe and should be taken out for the best interest of the forest itself, and since it seems to become necessary for us to be subject to a regulation such as was pointed out by Mr. Rasmussen, that substitutes for sheathing are necessary—and as an experienced builder I cannot for the life of me figure out what the substitute is going to be for subflooring in the house. Probably there are more experienced builders than I am, but with the elimination of subflooring in the house I would not know what they plan to use, because a nail certainly is not going to stick in a composition that is made of any kind of a pulp and remain on the floor.

Senator MILLIKIN. I would suggest they probably haven't thought of it.

Mr. SCHULTZ. There was a point that you called my attention to when you were asking questions of Mr. Rasmussen. Before that I may point out something on the ceiling on jack pine and aspen. I do not know when that is coming through. I personally attended a hearing in Chicago several weeks ago and there still is no ceiling on jack pine.

The production there at the present time is stymied because of that conflict, which I understand exists between the War Production Board regulation and an amendment thereto. That is the regulation M-208 and the several O. P. A. regulations. First of all, an amendment to M-208, that is amendment 2, prohibits the retail lumber yards from taking certain grades of material into stock, into inventory, and the O. P. A. regulations which state that such sales must be defined as direct mill sales with the condition there that the retailer's maximum price must be the maximum price of the wholesaler, which simply means that the retailer must handle this material

in these grades without regard for any expense or any profit whatsoever.

The reason I mention that is this, that our organization 4 years ago—

Senator MILLIKIN (interposing). Let me interrupt you there. You say the retailer's maximum price is the wholesaler's maximum price? Mr. SCHULTZ. That is right.

Senator MILLIKIN. So if there is any spread it is between the wholesaler's maximum price and the wholesaler's minimum price; is that right?

Mr. SCHULTZ. Yes. The reason I mention that is because that particular condition has interfered with production, in this way, that we, as retailers in that State, have realized for a long time the native material situation, and our situation has been conducting the program to get the retail yards in the State to handle this material. We could not buy it from concentration yards, we had to simply take it in a green state, pile it up ourselves, and as retailers many of us who have not closed sheds, that was a difficult thing for us to do. We were removed from planing facilities.

Minnesota pine, since it had to be merchandised that way, gained an unfavorable reputation, because much of it was sold in a green state, but in the past several years the retailers have taken hold of the situation, some of them, and some few of them have installed planing facilities of their own and have taken the green material into stock and seasoned it, and then of course processed it further. Some of this material was processed up North. But according to amendment 2 to M-208, the retailers are not permitted to take a bit into their inventory, with the result that the producers, the pony mill operators, have lost their market and production has dropped better than 50 percent.

Senator MILLIKIN. What is the assigned reason for that regulation?

Mr. SCHULTZ. It perhaps is two-fold. One of them is labor. Our recent investigation, though, showed that it is not so much that as it is the confusion which exists by these various regulations that have affected the industry. Of course it is true that some of the yards up in that country have been contributing in quite a measure to the war effort, inasmuch as they have been furnishing bomb crating, things like that, piling rough form lumber to the plants that are located in and about the Twin Cities, such as New Brighton, Rosemont, and certain other places, but only those who have been operating on a larger scale, that is, those wholesalers who have been taking the output of, let us say, 10 or 12 up to 20 pony mills in one particular area, they are really the only ones that have operated to any great degree. The rest of them have quit, because they are a little bit afraid of the regulations that they are subject to.

Senator MILLIKIN. What is the nature of the retailer's market at the present time? To whom does he sell his lumber?

Mr. SCHULTZ. The retailer of course in the country is selling almost exclusively to the farmer trade now. We were asked, of course, to increase the production of food as much as possible, increase the dairy business, and that of course has required additional stocks of lumber, additional repairs of barns, more adequate poultry housing,

hog houses, things like that, the buildings on the farm that are necessary to increase the production of food, and of course it has been very, very difficult for us as retailers to supply the agricultural areas, because we could not get the material. I meant to add here that it has been much more difficult for those of us that are independent retail lumber dealers to secure this material than it has been for the large chain operator. At the present time retail stocks in the State, in our area, are very, very depleted. They are so out of balance that it has become extremely difficult for us to furnish a bill of material for even a poultry house.

Senator MILLIKIN. Let us run this through from the beginning briefly. What is the problem of the small producer of lumber?

Mr. SCHULTZ. The problem of the small producer, that is, the small, so-called pony mill operator—that is what you have reference to?

Senator MILLIKIN. Yes.

Mr. SCHULTZ. In the first place, it is a loss of his market at the present time, because the retail yard has been taking this material into stock, and now the retail yard no longer does this, and there are no facilities to put it in concentration yards of stock piles.

Senator MILLIKIN. Now tell us again why the retailer cannot put that kind of lumber into stock.

Mr. SCHULTZ. Because it is not permitted, according to amendment No. 2 of regulation M-208 of the War Production Board.

Senator MILLIKIN. Has that regulation been introduced into the record?

Mr. SCHULTZ. I have a copy of it here somewhere.

Senator MILLIKIN. Let us see what it says.

Mr. SCHULTZ. I do not know that I have a copy of the amendment. I have a copy of the regulation, but it is amendment No. 2 that does not allow the accumulation of inventories. Of course the reason for that is, as I understand it, all those uses that are listed under B—

Senator MILLIKIN (interposing). Are you reading from something?

Mr. SCHULTZ. No; I am not going to read it, because it is going to take too long.

Senator MILLIKIN. All right, go ahead.

Mr. SCHULTZ. The uses listed under B of M-208 are those uses which are agricultural uses. Materials and grades of materials that would be used for the construction of out-buildings, repair of barns, and so on, according to amendment No. 2, it is no longer permissible for a dealer to take material of those grades for the uses listed in B into inventory.

Senator MILLIKIN. It strikes me as rather useless to define a use and then take away from you the right to supply the use. What reason do they give for doing that?

Mr. SCHULTZ. The only reason that I am able to get is simply that the War Production Board does not want, due to the fact that these materials are scarce, does not want them accumulated in the inventory of yards, that they want this material used. I have published the amendment in the last edition of my paper.

(Amendment No. 2 to order M-208 is as follows:)

AMENDMENT No. 2 TO ORDER M-208

On October 5th, several changes were made by WPB with Amendment No. 2 to Order M-208 which clarified several paragraphs in the general order and

removed the 60-120 day inventory limitation and required consumer use within that time from producers, such as saw mills, concentration yards, and box factories.

A Producer is defined as "any plant which processes, by sawing, edging, planing, or other comparable method, 25% or more of the total volume of logs and lumber purchased or received by it."

If a retail yard can meet this requirement we see nothing wrong in accumulating a stock of green lumber, piling it for seasoning and later processing it into usable merchandise.

According to the amendment, the restrictions of Order M-208 do not apply to softwood lumber in inventory October 5th which was received without violating the provision of M-208. Softwood lumber in transit is regarded as having been delivered prior to that date.

WAR PRODUCTION BOARD

M-208, AMENDMENT 2

(Corrected copy)

PART 2049-SOFTWOOD LUMBER

(Amendment 2 to Conservation Order M-208)

Section 3049.1 (Conservation Order M-208) is hereby amended in the following respects:

1. Paragraph (a) (1) is amended by striking out "or any species of softwood" and inserting in lieu thereof "of any species of softwood."

2. Paragraphs (a) (2), (3), (4), and (5) are amended to read as follows: (2) "Class 1 orders" means purchase orders or contracts for softwood lumber to which preference ratings of AA-1 or AA-2 have been or may hereafter be assigned.

(3) "Class 2 orders" means purchase orders or contracts for softwood lumber to which preference ratings of AA-2X, AA-3, AA 4 or lower, but higher than A-1-a, have been or may hereafter be assigned (including the ratings assigned in List A attached to this order).

(4) "Class 3 orders" means purchase orders or contracts for softwood lumber to which preference ratings of A-1-a or lower but not lower than A-1-k have been or may hereafter be assigned (including the ratings assigned in List B attached to this order).

(5) "Class 4 orders" means purchase orders or contracts for softwood lumber to which preference ratings lower than A-1-k have been or may hereafter be assigned (including the ratings assigned in List C attached to this order).

3. Paragraph (a) is amended by adding at the end thereof the following new subparagraphs (6) and (7):

(6) "Producer" means any plant which processes, by sawing, edging, planing or other comparable method, 25% or more of the total volume of logs and lumber purchased or received by it.

(7) "Box factory" means any person who manufactures from softwood lumber purchased by him, boxes, box shooks, or cut-to-size crating.

4. Subparagraph (1) of paragraph (b) is amended to read as follows:

(1) The following preference ratings are hereby assigned to deliveries of softwood lumber, subject to the restrictions of subparagraph (2) of this paragraph (b):

(i) AA-2X for the uses specified in List A attached to this order.

(ii) A-1-a for the uses specified in List B attached to this order.

(iii) A-2 for the uses specified in List C attached to this order.

Provided, however, That no preference rating is assigned by this order to any delivery of softwood lumber to which the person requiring the softwood lumber is entitled to apply or extend a preference rating which is assigned on any other preference rating order or certificate, or by specific order of the Director General for Operations.

5. Subparagraph (2) of paragraph (b) is amended to read as follows:

(2) The ratings assigned in subparagraph (1) of this paragraph (b) may be applied by the person requiring delivery of softwood lumber for the uses specified, by endorsement of purchase orders in the manner prescribed by Priorities Regulation No. 3 and Priorities Regulation No. 12, and the ratings may be

extended, by any person receiving such an endorsed purchase order, in the manner and to the extent permitted by those regulations.

6. Paragraph (c) is amended by adding at the end thereof the following proviso:

Provided, however, That orders bearing preference ratings of AAA shall be accepted and filled without regard to the provisions of this order, subject to the provisions of applicable priorities regulations.

7. Paragraph (c) is amended by adding a new subparagraph (4) as follows:

(4) The restrictions of this paragraph (c) shall not apply to producers or box factories.

8. Paragraph (f) is amended to read as follows:

(f) Restrictions on use of softwood lumber, (1) Notwithstanding the terms of any contract or purchase order, and notwithstanding the fact that such an order may bear a preference rating, no person shall, except as specifically authorized by the Director General for Operations on Form PD-123, use, or purchase, order or accept delivery of:

(i) Southern pine, Douglas fir or western larch sold as meeting specifications of 1,800 or 2,000 lbs. fiber stress per square inch, or 1,300 or 1,450 lbs. compression stress, except on Class 1 orders;

(ii) Southern pine, Douglas fir, cypress or western larch sold as meeting specifications of 1,400 or 1,600 lbs. fiber stress per square inch, or 1,100 or 1,200 lbs. compression stress, except on Class 1 or Class 2 orders;

(iii) Douglas fir, west coast hemlock, noble fir or Sitka spruce, of grades No. 1, No. 2, or any higher common grade, except on Class 1, Class 2 or Class 3 orders;

(iv) Southern pine of grades No. 1, No. 2 or any higher common grade, or of No. 1 box, or No. 2 box (not including D or better flooring, ceiling, drop siding, or partition) except on Class 1, Class 2, or Class 3 orders;

(v) Idaho white pine, northern white pine, eastern white pine, norway pine, ponderosa pine, sugar pine, lodgepole pine, jack pine, cypress, white fir, eastern hemlock, Engelmann spruce or western white spruce, of Grades No. 2 or No. 3 common, except on Class 1, Class 2 or Class 3 orders;

(vi) Eastern spruce of grades selected merchantable and grade No. 1 (merchantable), except on Class 1, Class 2 or Class 3 orders.

(2) Notwithstanding the provisions of this paragraph (f), any person having softwood lumber in inventory on October 5, 1942, which he received without violating the restrictions of Conservation Order M-208, may use it without regard to the restrictions of this paragraph (f); softwood lumber in transit on October 5, 1942, shall, for the purposes of this paragraph only, be deemed to have been delivered prior to October 5, 1942.

(3) The restrictions of this paragraph (f) shall not apply to purchases, sales and deliveries between producers.

9. List A of Order M-208 is amended by substituting the following paragraph for the first paragraph thereof:

Subject to the restrictions of subparagraph (1) of paragraph (b) of this order, a rating of AA-2X is hereby assigned to purchase orders of softwood lumber for the following uses:

10. List B of order M-208 is amended by substituting the following paragraph for the first paragraph thereof:

Subject to the restrictions of subparagraph (1) of paragraph (b) of this order, a rating of A-1-a is hereby assigned to purchase orders of softwood lumber for the following uses:

11. Item (2) (ii) of List B of Order M-208 is amended to read as follows:

(ii) Defense housing rated under Preference Rating Orders P-19-d, P-19-h, P-55, and P-55 amended, remodeling projects rated under Preference Rating Order P-110, and pre-fabricated housing.

12. List C of Order M-208 is amended by substituting the following paragraph for the first paragraph thereof:

Subject to the restrictions of subparagraph (1) of paragraph (b) of this order, a rating of A-2 is hereby assigned to purchase orders of softwood lumber for the following uses:

(P. D. Reg. 1, as amended, 6 F. R. 6880; WPB Reg. 1, 7 F. R. 561; E. O. 9624, 7 F. R. 829; E. O. 9940, 7 F. R. 527; E. O. 9125, 7 F. R. 2719; sec. 2 (a), Pub. Law 671, 76th Cong., as amended by Pub. Laws 89 and 507, 77th Cong.)

Issued this 5th day of October 1942.

ERNEST KANZLER,

Director General for Operations.

Senator MILLIKIN. Is it correct to say that under the way you run your business it is impractical to run it on a hand-to-mouth basis?

Mr. SCHULTZ. You cannot operate it that way.

Senator MILLIKIN. You have got to have some kind of stock pile?

Mr. SCHULTZ. You do.

Senator MILLIKIN. And they do not allow you to stock pile?

Mr. SCHULTZ. That is right.

Senator MILLIKIN. Would it be possible to define a reasonable stock pile?

Mr. SCHULTZ. Are you speaking now, Senator, of the stock pile of a concentration yard or are you speaking of the so-called inventory of a retail yard?

Senator MILLIKIN. I am talking about the inventory of a retail yard.

Mr. SCHULTZ. A retail yard, in order to properly serve the community, depending upon the size of the community which it serves, of course, should have an inventory of \$8,000 or \$10,000. That, in lumber, would mean—what would you say?

Mr. SATHER. I would say a city yard should have an inventory of not less than 1,500,000 feet for a 60-day period.

Senator MILLIKIN. How long a period?

Mr. SATHER. For 60 days, 1,500,000 feet. That would be a reasonable stock pile for the metropolitan area yard doing just average business.

Senator MILLIKIN. Will you give us your name?

Mr. SATHER. Clarence A. Sather. I am connected with the Foote Lumber & Coal Co., in Minneapolis.

Mr. SCHULTZ. Those of course are our figures, which I think are extremely large for the smaller town yard. That is for the servicing of a metropolitan area. The average country yard I would say should have been 400,000 and 500,000 feet in inventory at the very least.

Senator MILLIKIN. Have you crystallized in your mind, Mr. Schultz, a series of recommendations which, in your opinion, would alleviate these conditions and that would be consistent with the war effort?

Mr. SCHULTZ. Well, from the manufacturing end of it I would certainly like to see some sort of provision made whereby timber that is available could be manufactured and put into a proper pile and there distributed to retail yards or to agencies of the Government which have use for it and must have it.

Senator MILLIKIN. From the manufacturing standpoint, has the recommendation you just now made been brought to the attention of the War Production Board?

Mr. SCHULTZ. No; I haven't brought it to the attention of the War Production Board other than that here a while ago when amendment No. 2 to Order M-208 was brought to our attention in Minnesota we immediately contacted Washington, the predecessor of Mr. Carpenter there at that time, who has since been moved out to the coast, in an effort to allow this material to continue to be produced and allow the retail yards to take it into their inventories. After wiring and telephoning to various people over there we received a long-distance telephone call from their office and we were given permission then and

were urged by all means to do what we could to notify the retail yards that such would be permissible, and that the pony mills could continue to operate, they should by all means not cease producing.

That bulletin went out of our office the next day to some better than 500 retail yards in the State, and within a week's time we were called on the telephone and told that there had been a slip-up somehow and they would have to rescind that permission, and we were ordered to immediately notify whoever we had previously notified that that was out, which we had to do. That is as far as we have gotten. So we would have had the same result, the same effect on production now that we had when our temporary freezing order went into effect.

Senator MILLIKIN. What have the retail dealers done with respect to bringing their problem to the attention of the War Production Board?

Mr. SCHULTZ. I am not in a position to answer that question because I do not know just how it has been brought to the attention of the War Production Board by the National Retail Lumber Dealers Association, whose offices are here in Washington. It happens that quite a few trade associations belong to the National Lumbermen's Association, chain yards and independent retail dealers as well, but we have found to our sorrow, at least it is our belief, that the problems of the independent retail dealers have not been represented here in Washington, and up to this time we have been too small to be able to spend a lot of money to have an office here in Washington.

Senator MILLIKIN. Has the particular problem of this area that we are talking about been brought to the attention of the Minnesota representatives in Congress?

Mr. SCHULTZ. Yes; they have, to some degree. Of course, we are realizing the importance of the situation now and the crisis that we are facing, and we are going to do whatever it is possible for us to do, and we are going to contact further whoever should be contacted.

Senator MILLIKIN. I would strongly suggest that you do that. You see, this is, needless to say, an enormously large country. We have climatic differences, geographical differences, differences in racial origin, differences in social aspects, and so forth, and it is impossible to put in a general order to govern the whole country, from a geographical standpoint. That is why I hate the development of bureaucracy, because there isn't a brain big enough in the world to sit in Washington and promulgate an order that is fairly applicable all over the United States. For that reason you have these senseless lacks of discrimination between the conditions that prevail in industry in one part of the United States as against the conditions that prevail in another part of the United States.

As long as we have got to have bureaucracy during this war, the only relief I can see is for those who are affected by these discriminations to take their holler to the place where they can get relief, and when they cannot get relief then we have a congressional problem. I strongly recommend that you bring your situation forcefully to the attention of those who have the control of the problem here in Washington.

Does anyone else have any observations on this subject?

Mr. RASMUSSEN. Senator, when you do that, these people who should be interested in this particular problem have personal interests

that are diametrically opposed to the interest of the independent dealers, then you haven't any redress, then you have no one else to whom you can go.

Senator MILLIKIN. Of course, that opens the whole field of discussion as to the value of the so-called dollar-a-year man. Speaking for myself and not for the committee, I think that some of those men are thoroughly unselfish, are thoroughly patriotic, and are doing a superb job. It is a difficult thing to dissociate your personal interest when you are working in a field where you are not supposed to have a personal interest, and so I would not be surprised to find that some of these dollar-a-year men have carried over into their new work a preoccupation with their old interests. The mere fact that Mr. Alexander, for example, is in the compo business, the mere fact that there is a regulation that seems to favor the compo business does not, in and of itself, show that Mr. Alexander has a malignant and selfish intent in this business. Personally I should like to hear more evidence on that fact, and I certainly would not, by anything that I said here, reflect on Mr. Alexander, on the present state of the record.

Mr. RASMUSSEN. His attitude toward the stock pile, with the war emergency in the offing, is very shortsighted.

Senator MILLIKIN. I am ready to say to you that tentatively it seems to me like a very unnecessary and very unwise attitude, but personally, before reaching a final conclusion, I think I would like to see Mr. Alexander.

Mr. RASMUSSEN. Having a program submitted to them for consideration, in a national emergency like we have, in a period of 4 months that would be so beneficial to the entire lumber industry operating on a small basis, approaches a degree of negligence that it is hard to appreciate, for him not to do anything about it.

Now, if I may take a minute and supplement my comment—this is primarily as a matter of information that I tried to get yesterday and was unable to get and that I was going to put in this record, it is estimated that the national forest stumpage in the entire country, if they were given the required machinery and transportation, could supply up to 33 percent, approximately one-third of our national lumber requirements for the war and afterward. This is cutting the lumber on a selective basis. At the present time the national forests are supplying only 5 percent of our national requirements.

Now, it is very nice to be generous to the monopolized lumber industry and their representatives, it would be nice for them if they had the Minnesota market as well as other markets after this war is over, but the situation is so critical that this sort of supply, at any rate during the war period, should be released and put into production immediately. I do not think we can take Ben Alexander's point of view that a stock pile is a dangerous thing at this particular time.

Senator MILLIKIN. I certainly would not want anything in this record to indicate that I accept his view on the present state of the record.

Mr. RASMUSSEN. Yes.

Senator MILLIKIN. And entirely aside from Mr. Alexander, there are too many people here in Washington who are pushing their after-war theories and their pre-war theories at the expense of the war ef-

fort. I have even heard it suggested that our synthetic rubber plants, our program for synthetic rubber plants was delayed because someone thought they might have to have a tariff after the war if the synthetic rubber plants were established during the war. Now, that is a type of thinking that is harmful to the war effort, and that there has been entirely too much of in Washington.

Mr. RASMUSSEN. Our confidence in Minnesota and confidence on the part of the independent lumber dealers and small mill operators, is a natural confidence in the Forestry Department of the Federal Government in the State of Minnesota that has developed over a period of many years in dealing with them, and it is hard for us to understand why the program, the intelligent program that they have presented, is experiencing the unnecessary delay that it has experienced.

Senator MILLIKIN. I hope you folks can stay in business, unless there is an inescapable military necessity for putting you out of business, and there is so far nothing in the record to indicate that necessity.

Mr. SCHULTZ. We feel, of course, as long as that material is out there and can be made available, if it is going to help win this war, for goodness' sake let them have it, but as long as it is up there and a lot of it is going to waste anyway, we feel we certainly would like to use it. It could not be handled by any department and be handled more fairly than by the Forestry Department if the Forestry Department would be given that opportunity to put their plan into operation, and we as retailers are very much in sympathy with them.

Senator MILLIKIN. Gentlemen, we appreciate your having come here. Thank you for your testimony.

Mr. SCHULTZ. Thank you very kindly for allowing us to come. (Whereupon, at the hour of 12:05 p. m., the committee adjourned subject to the call of the Chair.)



Part 2

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INVESTIGATION OF MANPOWER RESOURCES

HEARINGS

BEFORE A

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR UNITED STATES SENATE

SEVENTY-SEVENTH CONGRESS

SECOND SESSION

ON

S. Res. 291

A RESOLUTION AUTHORIZING THE APPOINTMENT OF A
SPECIAL COMMITTEE TO INVESTIGATE THE MAN-
POWER RESOURCES IN THE UNITED STATES

PART 2

DECEMBER 14, 15, 16, 1942

Printed for the use of the Committee on Education and Labor



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II

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43-1291 OCT 21 1943

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III

INVESTIGATION OF MANPOWER RESOURCES

MONDAY, DECEMBER 14, 1942

UNITED STATES SENATE,
SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The hearing was resumed at 2:30 p. m., pursuant to adjournment, in the committee room, United States Capitol.

Present: Senators Pepper and Millikin; Mr. Herbert Roback, assistant to the committee.

Senator MILLIKIN. Doctor, would you state your name, your occupation, and give us such other facts as will establish the background for your testimony?

STATEMENT OF DR. K. C. WALDEN, ACTING MEDICAL DIRECTOR,
ATLANTIC COAST LINE RAILROAD, WILMINGTON, N. C.

Dr. WALDEN. Dr. K. C. Walden, acting medical director, Atlantic Coast Line Railroad.

Senator MILLIKIN. And have you a statement to make?

Dr. WALDEN. Yes, sir.

Senator MILLIKIN. Perhaps you want to go ahead and give us a little more background before we proceed.

Dr. WALDEN. The Atlantic Coast Line Railroad has maintained a relief department for over 40 years, and it is a department that is rather unique in railroad relief departments in the fact that we maintain 2 hospitals, a 50-bed hospital at Rocky Mount, N. C., and a 75-bed hospital at Waycross, Ga., and the headquarters of our relief department are in Wilmington, N. C.

This relief department is run on a nonprofit status. The members are our employees, and they contribute so much a month toward relief and in turn get free treatment, including operations, at either of our hospitals, plus an insurance benefit daily which is from 50 cents to \$2.50 a day for their sickness or accident benefits.

Prior to the national emergency we had a staff of five doctors plus the medical director in Wilmington.

Senator MILLIKIN. Was that a central staff, or at these hospitals?

Dr. WALDEN. At the hospitals.

Senator MILLIKIN. At each one of them, or for both of them?

Dr. WALDEN. For both of them; three doctors at Waycross and two at Rocky Mount.

The medical director resigned, and one of our men at Waycross was a Reserve officer, a surgeon. He went over a year ago into the Army. Then, through the Procurement and Assignment survey, the surgeon at Rocky Mount Hospital was taken and the second surgeon, the sec-

only junior surgeon, at Waycross was taken. That left myself at Waycross, a surgeon; and one man at Rocky Mount, a medical man. Since September 14 I was elected to acting medical director and have been trying in the past—up to the present, that is—to take care of the surgery at Rocky Mount, N. C., and Waycross, Ga., with my headquarters in Wilmington, N. C.

That was the state of affairs until 2 weeks ago when we were able to get a man, who is possibly also subject to Procurement and Assignment call, for Waycross. He has had about 1 year of internship and is what we would term a less experienced surgeon.

Senator MILLIKIN. May I interrupt? How old a man is he?

Dr. WALDEN. He is 33.

In our relief department we have over 14,000 people, and they, as I say, have the privilege of coming to either hospital for free treatment. We also allow the dependents of these men, their wives and children, to come to our hospitals for a minimum fee. No charge is made for operations, but they pay a minimum operating room fee and \$3 a day board.

You can easily see that that would probably estimate very easily 30,000 people that we are trying to treat.

Senator MILLIKIN. So, Doctor, may I ask, normally do all of those people clear all of their medical troubles through those two hospitals, or do they also patronize other physicians?

Dr. WALDEN. That is their privilege, to patronize other physicians.

Senator MILLIKIN. And are there any statistics on how far they exercise that privilege? I, of course, am trying to get the burden on these two hospitals as distinguished from the whole region.

Dr. WALDEN. We average about 100 to 125 patients per month at the Waycross Hospital. At the other hospital we average around 100. The daily census at both hospitals varies between 30 and 35 people. That is year in, year out.

In our dispensary in 1940 we treated—that is a clinic, we run a daily clinic—6,897 people. That is an average of 19 seen a day. In 1941 we saw 6,787, an average of 18½ a day. This, of course, is in conjunction with the daily average of patients we maintain in beds, which is better than 35. The figures for 1942 are, of course, not complete, but so far this year we have admitted 1,168 patients at Waycross alone. I haven't the figures for Rocky Mount Hospital.

Senator MILLIKIN. Would it be possible to make a rough approximation of what percentage of the total medical need of your clients you or organization satisfies?

Dr. WALDEN. How many people it satisfies?

Senator MILLIKIN. Well, you have so many people that are members of your health organization.

Dr. WALDEN. Yes.

Senator MILLIKIN. I think the figure was 14,000 and something, wasn't it? And we developed that they were at liberty to patronize other medical services. I am trying to develop what percentage of the total medical need of those 14,000 your organization normally handles. I appreciate that that might be a very difficult thing to answer, and it is entirely possible that you have no basis for answering.

Dr. WALDEN. No, sir; I haven't.

Senator MILLIKIN. Go ahead.

Dr. WALDEN. Our problem is merely this: In two what we call first-class hospitals, recognized by the F. A. C. S. with an A rating, we have one man at each institution. One is purely a medical man; the other is one whose surgery is limited. Of course I do surgery and intend to do it, but I can't be in three places; and we feel that we have been deprived of men who have been trained for those institutions, who are capable of carrying on the work, and we were running along smoothly without any hitch. I firmly believe that two men at each institution would be sufficient, certainly for the duration. We have tried to get elderly men, as the Procurement and Assignment Board requested, but we can't find them, to replace these men taken into the Army. Naturally we have had to curtail admissions to our hospitals because we didn't have the medical facilities to take care of them. This, of course, has thrown the burden on the practitioners in the towns, and they are already short.

Then, too, our hospital at Waycross has been offered to and accepted by the Office of Civilian Defense and 50 of our beds are at their service in case of disaster, for the evacuation of injured to our hospital.

Senator MILLIKIN. May I ask exactly what you have done to try to get additional doctors?

Dr. WALDEN. Well, sir; first I tried to stop the Procurement and Assignment Board from taking them, through the Surgeon General's office. I went to Washington to see them and they told me that the doctor who did not accept his commission did not have to go into the Army. But we were led to believe in Georgia that if he did not go in the Army he was subject to the draft board, public opinion and public criticism, and I think for patriotism itself the boys joined. They didn't wait for the draft, and since that time I have contacted quite a few men. I ran into a boatload of missionaries coming from China. I contacted four of those and I have not been able to make terms with any of them. They all have places in mind in Mississippi, North Carolina, and Virginia, and are placed.

Senator MILLIKIN. Do the medical associations in your State take any hand in that? Do they try—

Dr. WALDEN. Yes, sir. I have contacted Dr. Sellman. He is head of Procurement and Assignment. I have also contacted Dr. McEakin, who is, I believe, in Washington in some A. C. S. department.

Senator MILLIKIN. Obviously with no result.

Dr. WALDEN. With no result.

In one instance we were offered a refugee doctor, but the boy had little experience and couldn't speak English very well, and using him in our institution under no guidance, because he would be the only one there, probably, would not have been acceptable on the Atlantic Coast Line or in any railroad work, where you are liable for suits, particularly by people injured on the railroad.

Senator MILLIKIN. Are the two hospitals in the same State?

Dr. WALDEN. One is in North Carolina and one in Georgia.

Senator MILLIKIN. And your headquarters are in what city?

Dr. WALDEN. Wilmington, N. C.

Senator MILLIKIN. Are the admission requirements in those States such that you could readily use the services of an outside doctor if you found one?

Dr. WALDEN. Yes, sir.

Senator MILLIKIN. How do you do that—on certificate?

Dr. WALDEN. We can get a certificate from the State, or else we have been able to work the doctors in the institutions without a State Board certificate.

Senator MILLIKIN. If a man is qualified in some other State he has no difficulty practicing in your State?

Dr. WALDEN. That is correct.

Senator MILLIKIN. Do you remember what are the rules and regulations on that? Must he have had a certain amount of experience and must he have graduated from certain types of schools, or can anyone who represents himself as a doctor come along down there and practice?

Dr. WALDEN. Oh, no, sir. He has to get either a State board certificate by reciprocity or by examination.

Senator MILLIKIN. By way of diversion, as you can probably guess, so many different States have different rules on how a foreign doctor can qualify himself. In some places they must take examinations and in other places they can qualify by certain types of certificates. I think this committee would be interested in having your opinion on what ought to be done about that in the way of uniformity, at least during the emergency, so that doctors can be more equitably distributed.

Dr. WALDEN. If a doctor has passed any State board in the country, certainly for the duration he should be allowed to practice in any State in the Union.

Senator MILLIKIN. You would think that during the emergency the other formalities could well be waived?

Dr. WALDEN. Yes, sir.

Senator MILLIKIN. It has occurred to some of the members of the committee that perhaps there may have to be a uniform law proposed for quick adoption by perhaps all of the States which would permit the distribution of doctors regardless of State lines. Do you think that if such a law provided that if a man has passed the standards of any one State he may be permitted to practice for the duration in some other State, that such a provision would safeguard the situation as well as it can be safeguarded for the emergency?

Dr. WALDEN. I think so.

Senator MILLIKIN. As you doubtless are aware of the testimony here, stories in the magazines and newspapers indicate that we have a very bad maldistribution of physicians and surgeons in this country due to the things that you are talking about. How do you think would be the best way to work out some fair distribution system of medical talent?

Dr. WALDEN. That is quite a question and problem. I have read the testimony of Dr. Lahey on the question of the chance to dislocate doctors, but I am wondering, if people have had to go to war, if they are going to send them a dislocated doctor from the North, they would probably prefer not having their own doctor in the Army.

Senator MILLIKIN. How can we overcome that psychological pull that operates on a young doctor to get into service? I think we can all understand that a man of conscription age who isn't in the service is subject often to thoughtless criticism, and feels critical of himself. I have heard it suggested that perhaps some sort of insignia might be given such physicians to show that someone had passed

on them and had concluded that they should stay in civilian life, and that that might be helpful. Do you think anything of that kind would have a useful purpose?

Dr. WALDEN. I would hesitate to say whether an insignia would be of any significance. There are so many badges and buttons around.

Senator MILLIKIN. I have heard it suggested again that all doctors of conscription age be taken into the service and then reassigned back to communities where they might be needed, for civil practice, and wear a uniform. What would you think of something of that kind?

Dr. WALDEN. Put them in the Army without pay?

Senator MILLIKIN. Yes; put them in and then furlough them back to their own communities or wherever they might be needed.

Dr. WALDEN. I think that would be a feasible plan, particularly if they were a dislocated doctor. Now, if the Procurement and Assignment Board had the power to take a doctor, it should have had the power to tell the other one to stay at home.

Senator MILLIKIN. We have had some testimony here to the effect that even if you had a perfect distribution of the doctors that are not in the military services there still would be a deficiency of doctors under our normal standards. But that, as I see it, enhances the need for a more intelligent distribution of the existing supply of doctors.

Dr. WALDEN. Of course even before the war some of our rural districts didn't have doctors.

Senator MILLIKIN. No. Now, if you pull a man out of the place where he is practicing and move him across the country to some other place, you have a financial aspect to be considered. Would you consider it fair that a doctor so uprooted should carry the expense out of his own pocket to make the move? Or should he have some public assistance in a case of that kind?

Dr. WALDEN. If it is fair to take a man out of practice through the Procurement and Assignment Service and put him in the Army as a captain, it is fair to dislocate a doctor and give him the same pay as a captain, in my estimation, for the war—I mean for national emergency purposes.

Senator MILLIKIN. And a man setting up an office in a new place has a certain amount of expense in the way of installations in his office, even though it is a very modest office. Ought there to be some form of Government assistance in that, do you think?

Dr. WALDEN. Has there been any Government assistance?

Senator MILLIKIN. I say, should there be some form of public assistance to help him defray the expense of that?

Dr. WALDEN. If there were, they would owe a lot of these fellows that have already gone some.

Senator MILLIKIN. I know there isn't, but I am trying to get at it if it would be fair to provide reimbursement for expenses of that kind, if we get into a sensible distribution system.

Dr. WALDEN. I think that would be fair, sir; but there would be an awful squawk from the ones who are already in there and who haven't received anything.

Senator MILLIKIN. You mean the physician who has already located in that particular town?

Dr. WALDEN. No; I am talking about the men who are already in the Army. They have had to leave their offices and their installations that you spoke of, the same community set-up that the man you are going to dislocate is leaving.

Senator MILLIKIN. In other words, your point is that when you get into features of that kind, equal treatment to all would require equal reimbursement to all, whether they are in the Army or whether they are distributed some place else within this country?

Dr. WALDEN. I feel that way. The problem as I see it, if the Board that procured these doctors had stopped at 100 percent and made efforts to get the 100 percent out of the States that have not arrived at the quota, we would probably not be fighting for doctors in the South today.

Senator MILLIKIN. I think the thing that has confused that is the feature that you were speaking of a while ago, of doctors being permitted to enlist. An enlistment system, naturally, will tear down the symmetry of any other kind of system that depends upon control.

Dr. WALDEN. Might I add for the record that not only do these 14,000 members have the chance or permission to seek admittance to our hospital, but of that group on the railroad who do not belong to the relief department—of course, it is voluntary—if they are injured on duty we have to take care of them, or any passenger on the railroad injured in a wreck or an emergency in the train also comes to our hospital.

Senator MILLIKIN. How do you handle maternity cases?

Dr. WALDEN. We treat no maternity cases.

Senator MILLIKIN. You don't treat them normally, or you are not able to treat them due to this emergency you find yourselves in?

Dr. WALDEN. Not at all.

Senator MILLIKIN. Would it be fair to say that so far as you know, Doc or, there is no place at the present time where you can turn to with assurance of success and ask for a physician to come and help you out?

Dr. WALDEN. I haven't been able to find that source.

Senator MILLIKIN. You have tried the Surgeon General's office and you have tried the representatives of your own medical associations in the States in which you operate?

Dr. WALDEN. Yes, sir, and I have written to Dr. Lahey, who is the national head of Procurement and Assignment.

Senator MILLIKIN. Have the physicians in your part of the country taken any action or passed any resolutions on this problem?

Dr. WALDEN. No, sir.

Senator MILLIKIN. I was trying to get at their viewpoint, if they had expressed it collectively.

Dr. WALDEN. They have all been very active in trying to help me get doctors. In fact, they have contacted the State Procurement and Assignment Board for me, because they were well acquainted with the head.

Senator MILLIKIN. I was interested in the testimony regarding the refugee doctor. Was there quite a language problem there?

Dr. WALDEN. Yes, sir; there was.

Senator MILLIKIN. Had the language problem not been present, would he have been acceptable otherwise?

Dr. WALDEN. I should think for institutional work; yes, sir.

Mr. ROBACK. Will you tell us a little bit about what you people did in explaining your requirements to the local Procurement and Assignment people, in trying to hold these doctors that were considered essential? When they said these people were to go to accept a commission, what did you do so far as the local situation is concerned?

Dr. WALDEN. We wrote the State Procurement and Assignment Board of Georgia asking that they declare two men at Waycross essential. They wrote us back and said they would declare one essential, but they did not see how they could declare the younger man essential because he could be replaced by an older person.

Senator MILLIKIN. How long have you been with the company, doctor?

Dr. WALDEN. I have been with the company 8½ years.

Senator MILLIKIN. Will you say a word or two about the importance of the company in the war program?

Dr. WALDEN. Well, the company, of course, is a common carrier between the States, through the States of Virginia, North and South Carolina, Florida, Georgia, and Alabama.

Senator MILLIKIN. Since the war started, they have assumed a large number of extra duties and burdens so far as transportation goes, is that correct?

Dr. WALDEN. Why, of course. I can't give any figures on company business, but I know it has expanded enormously, particularly in freight.

Senator MILLIKIN. It carries military supplies, I imagine.

Dr. WALDEN. There are numbers of camps on our lines, and shipyards on our lines.

Mr. ROBACK. What has been your recent experience so far as the accident rate or the need for medical care of employees is concerned? Have you had a large number of new employees who have perhaps been less skilled or experienced in the work, who are finding a need for medical care?

Dr. WALDEN. I think in the past few months, due to the inexperience of the new workers, the accidents are more frequent and more serious. I feel that that is natural.

Mr. ROBACK. Have you in your professional contacts been given any evidence of the malutilization of skills of doctors already inducted into the Army?

Dr. WALDEN. What was that, sir?

Mr. ROBACK. Have you in your professional contacts been given to understand that doctors already in the Army are not being used at their highest skills or at their maximum talent?

Dr. WALDEN. Well, I have talked with several men who have been in various camps, and the impression I gather is that there are large groups of doctors sitting there with very little to do. In some of these instances men are specialists, and they have told me that they have been in camp as much as 2 to 2½ months and been on actual duty 1 day.

Mr. ROBACK. You said that the medical program of your company was unique so far as the experience of the common carrier goes. Is that correct? That is to say, that other carriers do not have a similar or equivalent program of medical care?

Mr. WALDEN. Other carriers have a relief department, but I believe we are the only one that maintains its own hospital with its own staff of doctors for the care of its employees.

Senator MILLIKIN. So that other carriers would require medical care for their employees drawn from the personnel of the general population, medical personnel in the general population?

Mr. WALDEN. As a rule, yes.

Mr. ROBACK. So it might be fair to assume that the problems of the other carriers, so far as retaining or obtaining, rather adequate medical facilities, might be similar to your company's. Do you know of any other experiences that would throw light on this problem, experiences of other companies?

Mr. WALDEN. Well, I talked to Dr. Barden, of the Pennsylvania, and their big difficulty is getting doctors for what we call medical examiners. You see, every man, before he works with the railroad, has to be given a physical examination. We have doctors throughout the system who are classified as medical examiners, or local surgeons who can do these physical examinations for us. This doctor stated in September that they were having a very difficult time finding medical examiners to examine their employees, and he had in some instances hired men about 70 years of age—65 or 70 years of age.

Senator MILLIKIN. Doctor, might I interrupt just a moment?

I think we have all heard that at various posts the medical talent that is in the Army has not been used to the best advantage. I have not seen any formal reply to that in the proceedings of this committee. Would it be a fair reply if it were stated that they had taken doctors into the service in quantity, so many per thousand soldiers, we will say that fitted their view of the matter under experience of the Army and that, obviously, until epidemics or casualties come in, you are bound to have doctors standing around, and that they can't wait to organize the doctors in the Army until an epidemic or a large number of casualties does appear? Would that sort of an answer, do you suppose, satisfy the kind of criticism that you have heard?

Mr. WALDEN. Mind you, this is stuff that I have heard and have not seen. I wouldn't like to put an opinion on that, as to how much activity doctors have in the various camps. But what we cannot reconcile ourselves to is the fact, from the figures I have obtained—and I imagine they are correct—from Dr. Lahey's reports, that the Army has 7 doctors for every 1,000 men. I think the English army gets by with 3 to 3½ doctors per 1,000 men. The other armies, I understand, are less than that.

Now, in civilian practice we think one doctor to 1,500 people is excellent distribution.

Senator MILLIKIN. Of course, I suggest that it would be pretty hard to draw an analogy between civilian practice and war practice, because you have a different problem entirely.

Mr. WALDEN. That is true, but the majority of our men are in camps in this country. I don't know how many men will be sent abroad, but that is where the casualties will be.

Senator MILLIKIN. I noticed in the paper the other day that they brought casualties from north Africa here to Washington. I do not assume for a moment to suggest what their policy is going to be, but I do know that there is a base-hospital program in this country to

which men will be assigned who have been casualties abroad. Your own judgment is that 7 doctors per 1,000 soldiers is excessive?

Dr. WALDEN. I shouldn't think it was excessive in combat areas, but certainly in camps, because all of those 1,000 are not sick men.

Senator MILLIKIN. If it were contemplated to move these organizations, or the most of them, to combat areas, there necessarily would have to be a training period in this country before they went across, and, not being confronted with combat casualties, there would be a certain amount of idleness.

Dr. WALDEN. Yes, sir.

Senator MILLIKIN. I am trying to figure out in my own mind what the possible answer to this is without having the benefit of testimony on the subject.

Mr. ROBACK. You may know that the United States Public Health Service has in some cases assigned a salaried medical officer to areas that showed some extreme problem of a lack of medical care. You have communicated with the Surgeon General on your particular problem—is that correct?

Dr. WALDEN. Yes, sir.

Mr. ROBACK. Have you in that communication raised the problem of the possibility of the Public Health Service furnishing a doctor, or would that fit into your program?

Dr. WALDEN. No; I haven't, except I tried to get a Public Health man for our place at Waycross, Ga., and have him come down and look over the place. When he got back to headquarters they raised his salary and kept him.

Mr. ROBACK. What do you consider to be the main difficulty in finding replacements for those doctors that have been taken into the service? Is it a matter of not finding the suitable personnel, or is it a wage problem, a salary problem?

Dr. WALDEN. First, they are hard to find; that is, a doctor who is free to move. Then the fact that prices and living expenses and everything have gone up. The doctors want more salary than we have been paying in the past, and that question raises the fact that in this new wage ceiling I would like to know whether we are governed by that in reference to our doctors' salaries.

Mr. ROBACK. In other words, a possible limitation on salaries might prevent you from offering an attractive salary to a substantial medical man for your company. Is that the idea?

Dr. WALDEN. That is true.

Mr. ROBACK. In the case of the refugee that you mentioned, who was a prospective candidate, was there any barrier to employing him which had to do with the State qualifications; that is to say, because the State had a regulation on that?

Dr. WALDEN. Oh, yes; they have to be a resident of the State, I think for 6 months or possibly a year, and then have to stand a State board examination.

Mr. ROBACK. So that an immediate replacement by a refugee, assuming he was suitable in other respects, would not be feasible. He would have to undergo a period of residence and take an examination.

Dr. WALDEN. Unless they have changed the law to meet the national emergency.

Mr. ROBACK. How was this refugee doctor presented to the company as an applicant? Did he come of his own initiative?

Mr. WALDEN. No, sir; we got in touch with him through the Medical Service Bureau in Chicago.

Mr. ROBACK. A service maintained for the allocation and distribution of refugees?

Mr. WALDEN. Oh, no; that is a position placement service for medical men and nurses.

Mr. ROBACK. I want to recapitulate for a moment the sense of your testimony. You say that at the present time you find no organized facility where you can come with your problem and expect some kind of reasonable solution for it, is that correct?

Mr. WALDEN. That is correct.

Mr. ROBACK. What further steps does your company propose to undertake, if any, in this matter?

Mr. WALDEN. I think we have undertaken all that we can. We have appealed to everyone in reference to State procurement and assignment, national procurement and assignment, and the Surgeon General's office.

Senator MILLIKIN. Have you received replies from the national bodies, the procurement and assignment and the Surgeon General?

Mr. WALDEN. I haven't heard from Dr. Lahey as yet, but I don't think I have had time. We just wrote the letter last week.

Senator MILLIKIN. Doctor, how do you handle your nurse problem and your other attendants? Are you able to get what you need?

Mr. WALDEN. So far we have been lucky in getting our needed requirements so far as nursing care is concerned. We have lost about four or five nurses to the Army but we have been able to replace them. Our problem in orderlies is becoming very acute. Of course we have colored orderlies at our hospitals, and the Rocky Mount Hospital has four, and I understand by the end of this week there will probably be just two of the four left.

Senator MILLIKIN. Is that due to better wages elsewhere and also, I assume, to conscription?

Mr. WALDEN. Yes, sir; the Army is taking one and the second one found more fertile fields.

Senator MILLIKIN. Do you think that if you had the necessary physicians you could worry along and keep yourself supplied with nurses and other necessary attendants without any special measures being taken?

Mr. WALDEN. Yes, sir.

Senator MILLIKIN. Have you anything to add to your testimony, doctor?

Mr. WALDEN. I don't believe so.

Mr. ROBACK. May I ask one more question? In the case of the letter of the State procurement and assignment service, which said that of those two people who were requested, the retention by the company of the one was out of the question, was that made on an age basis without consideration of how that doctor fitted into the program, do you feel, or was that on the basis of a statement as to the company's program and needs?

Mr. WALDEN. In that request, we wrote them a similar letter to that which we wrote Dr. Lahey, showing our set-up and the trouble we would run into without the help of this man, but he was just 29 years of age and unmarried. They merely stated that due to his

age and the fact that we could replace him with an older man, they did not feel he should be retained.

Senator MILLIKIN. Thank you very much, Doctor, for your valuable contribution.

The next witness is Dr. G. S. Osincup, president of the State Medical Association of Florida.

STATEMENT OF DR. G. S. OSINCUP, PRESIDENT, FLORIDA MEDICAL ASSOCIATION

Senator MILLIKIN. Will you state your full name, Doctor?

Dr. OSINCUP. I am Dr. Gilbert S. Osincup, president of the Florida Medical Association; a member of the committee on procurement and assignment of the State of Florida; chairman of the Division of Health and Housing of the Florida State Defense Council; and chief of the Emergency Medical Service for the State of Florida.

Senator MILLIKIN. Will you be good enough to give us the benefit of your observations on this subject?

Dr. OSINCUP. Do you want me to tell it all?

Senator MILLIKIN. Go ahead.

Dr. OSINCUP. It will take a long time.

I was appointed on the State Defense Council some 2 years ago, before even the establishment of the O. C. D. At that time the organization was set up, as we conceived it, to be necessary, for the care of any emergency which might arise. It soon became very apparent that we were facing, or were going to face within a comparatively short time, a shortage of medical men to adequately do the job, in addition to a shortage of men to adequately supply medical service to the citizens of the State of Florida.

In a conversation with Mr. McNutt, of the Office for Emergency Management at that time, which was the first time I ever heard of Procurement and Assignment, it was my impression—and still is—that Procurement and Assignment was originally set up to see that there would be kept in civilian practice enough men to adequately take care of the civilians, and it was not my impression at that time that it was set up as a means of procuring medical officers for the military services. I may be wrong, but that was definitely my impression.

Within a comparatively short time, however, it did become a means of acquiring medical officers for the armed services. It seemed to me at that time that they were giving more and more of their time to that, and less and less to the retention of doctors in civilian practice.

Now, that was not due at all to any lack of understanding of the problem of the retention of doctors by the committee on procurement and assignment in the State of Florida. That committee, of which I am a member, has been well aware all ways of this impending shortage.

With that in mind, there were several instances where men were requested by Procurement and Assignment to remain in their own communities, as being essential, and yet those men were not left in the community due to the fact that they themselves wanted to go into the armed services. I mean, they were men who wanted to go in the Army or Navy, who felt that they should—either it was their duty, they wanted the experience or for some other reason they went into the armed services, in spite of the disapproval of the procurement and assignment committee and their having been classified as being essen-

rial to the proper practice of medicine in their community. So that that began to create a problem in itself.

Then, after they really got rolling—that is, they began to induct men and they assigned quotas to the State of Florida—our quota, I think, was two hundred and fifty-some-odd—we fulfilled our quota. In fact, we went over. We have 118 percent of our quota in the armed services today.

For the most part the men who have been classified as essential have been retained in their communities, but even so there has come about, as you may have heard, a very serious shortage in some places in Florida. Valparaiso, of course, is a notable example; Key West is one that is facing us right now. That is one thing I came up here about. There are other communities—Panama City, where they would have enough doctors on the basis of their old population figures, but those figures have gone up due to a large influx of civilians who have come in to work on various war projects, the establishment of shipbuilding yards and airports and all that sort of thing. There has come about a shortage due to these factors.

Then, too, a shortage has come about because of the fact that there has been no consideration taken of the fact that mere numbers of doctors means nothing in relation to population. In other words, and I will quote this as an example of what I mean, in one of the areas in the State of Florida around Fort Myers there are four counties. There are 15 doctors in those four counties. However, classify those doctors as to the amount of work they can do! In other words, many of them are older men, many of them have had coronaries or for other reason they can't do a full day's work, and you really have 5 doctors working in that area, which figures out at a ratio of 1 doctor to 5,000 people. Well now, that is not enough, particularly in an area as large as that (geographically). So that these figures which were put out by Procurement and Assignment, based on the population of 1940 in our opinion mean nothing at all.

In the first place, the population figures in themselves are totally inaccurate because of the large influx of people. Many doctors have gone. They have left these communities and there is no evaluation, we will say, of the amount of work that these men can do. For example, in Orange County, my own county, there are listed in Orange County a total of 140 doctors. I have been a member of the Orange County Medical Society for 20 years and I am quite positive that there have never at any one time been 140 doctors in Orange County. Where that figure came from I have no idea. We thought it was on the basis of the A. M. A. directory, but in checking over the directory it is apparent that that is not from that source.

Senator MILLIKIN. What is the principal town of that county?

Dr. OSINCEP. Orlando, which is my home. We checked several counties, as a matter of fact. Those figures, in our opinion, are totally incorrect, and we are now, in Florida, proceeding to make another survey of doctors who are now in practice plus, shall we say, a new census, in other words a new figure, on these population groups, together with an evaluation of the amount of work that the doctors who are left can do. We think when we finish that survey, which will be within a very short time, we will have an accurate picture of how much medical work is available to the citizens of the State of Florida.

That is one thing that we are doing in procurement and assignment. Of course, the Procurement and Assignment has never had any authority or power whatever. All they have been is an advisory committee which, when the Army or Navy said "We want 250 doctors," set out to find 250 doctors, who were nonessential. They did their best. They coerced, they talked, they urged, they had a military committee which went about the State, and we did get our quota and a few more, too. This next year we are faced with, we don't know the figure, but the demand for approximately 100 men. Where we are going to find, in the State of Florida, 100 men under the age of 38 who are physically able to join the Army or Navy I don't know. As a matter of fact, I don't think that they are available in the State today.

Senator MILLIKIN. May I ask, Doctor, how many doctors have you in Florida altogether in normal times?

Dr. OSINCEP. There are some 2,000. The State total is 2,349. That 2,349 includes an extremely large number of retired doctors, of whom we have a large number in Florida. Many men come down for reasons of their own health or the health of their families, have not practiced medicine for years, and are not physically able to practice medicine, so that figure means nothing. As a matter of fact, we have in our association a membership of some 1,400, and that does include about 80 percent, I should say.

Senator PEPPER. What was the 2,349 figure?

Dr. OSINCEP. That is the number of doctors in the State of Florida according to this census. Where those figures come from, as I brought out, I have no idea, because they have listed Orange County as having 140 doctors, and there have never been 140 doctors in Orange County in the 20 years I have been there. They have Tampa listed with 8 women doctors, for example. They have 1, and that is all they have ever had. They have Jacksonville listed with none, and I know Jacksonville has 6 women doctors, so I don't know where those figures came from.

We are making a new census of doctors, not only in terms of numbers but in terms of the work they can do. If they can do only 50 percent work we evaluate them as half a doctor, so that when we finish we should have arrived at a figure which will show approximately the amount of medical aid which is available for the civilians in the State of Florida.

Now, where was I?

Senator MILLIKIN. I am afraid I interrupted you by getting you off on those statistics.

Dr. OSINCEP. I know one thing I was about to say at the beginning, and that is with regard to a question you asked a previous witness, as to whether or not in his opinion there was too much medical talent in the armed forces. I am very definitely of the opinion that there is.

May I answer a question or two that you asked him?

Senator MILLIKIN. Yes, sir.

I told the doctor, Senator Pepper, to take his own head and tell us the story in his own way.

Senator PEPPER. Thank you very much.

Dr. OSINCEP. I was in the Army in the last war. I was attached to the British Army, as a matter of fact, for something over 2 years. At that time I was much younger than I am now and was up in the line

most of the time. I do know that I personally, during the last war, didn't work 10 percent of the time—I mean actually work on medical work. I was battalion medical officer. I was part of the time at a base hospital, and I know that the average man in the base hospital didn't work 25 percent of the time. I am inclined to think that the same condition exists today; in other words, that there is a great over-staffing of the Army and Navy. That is as a result of my observation in the State of Florida. I have been in most of these camps. I know pretty well the men who have gone from Florida into these camps. I know their complaints that they are not working, many of them not doing any medical work at all and haven't for a period of months.

I quite appreciate that during a battle, when many casualties occur, you do need a large number of doctors to properly care for those casualties; but on the other hand, ordinarily, judging by the last war, there is only a show going on on 1 or perhaps 2 fronts at a time, leaving 8 or 10 fronts inactive. There is no reason at all, as I see it, why this staff the medical staff of the hospitals, doctors as well as nurses, couldn't be transported from place to place where there is an impending show, because, after all, the staff knows when we are going to put on a show and they usually know pretty well when the enemy is going to put on a show.

Stuff those hospitals. They could have them all equipped and the enlisted personnel assigned permanently, perhaps, and then, when necessary, transport, because in these days of rapid transportation certainly they could transport the technical staff to any place where they thought it was going to be necessary in a very short time, by air or car or any way they like.

It seems to me that they could cut down—I am positive that they could cut—30 percent of the number of doctors they are using, and I think it is inevitable that some such thing must be done, because we cannot supply, on the present basis, both the armed services and the civilians.

Senator PEPPER. If you will remember that train of thought, now you take the situation when an army is not in a combat area and is still in a training area and state. Surely until they needed the medical unit to embark with the troops there wouldn't be any necessity for recruiting a great surplussage of doctors in the camps where they wouldn't need them.

Dr. OSINCEP. This occurs to me: Why would it not be possible to take these men who are available for medical service in case of emergency, take them into military service, and give them a period of indoctrination. Give them 6 weeks or 2 months or whatever period of time may be necessary in the operation of the military service, in military medicine, then let them go on home and practice medicine until such time as they are actually needed in the armed forces. I know a dozer of my friends who are in the Army stationed in Florida who haven't done a thing in the world medically since they have been in, and they have been in the service for a period of 3 or 4 months. Those men might just as well be at home practicing medicine. I have in mind a man who is in the Navy, from Orlando, a qualified genito-urinary man. Our G. U. men have gone now. There isn't a man left. There is no reason in the world why that man couldn't be practicing medicine in Orlando today, having had his indoctrination term in the Navy, available for call if and when they need him. But no;

instead of that, there are 5 G. U. men at the naval air station, of which he is one, and they have 73 G. U. patients in the hospital. One of the men is doing physical examinations and not even doing G. U. work, yet he is a man who has passed the American Board of Neurology.

Senator PEPPER. In other words, that doctor could still be in the Navy, still wear his uniform, still be subject to call at any time.

Dr. OSINCEP. And could be taking care of our civilians.

Senator PEPPER. And at the same time be at home administering to the civilian population, where he is apparently needed.

Dr. OSINCEP. Where he is needed at the moment very, very badly. I know that that same condition exists in many other communities in the State of Florida. I know these men so well and I have talked to them many times.

Senator PEPPER. Doctor, have you found any instances where these men chafe a little bit at the relative medical idleness?

Dr. OSINCEP. Definitely. They all do—well, I shouldn't say all, but the most of them do. I called one of my friends in Tampa, doing obstetrics at Medill Field. There is more obstetrics at Medill Field than you would think. They had 30 cases last month. After all, that man at home would do many more than 30 cases of obstetrics, and in addition to that he would do much other work. That man is just about to go crazy down there. He wants to work. He doesn't like sitting around doing nothing. He had 30 cases last month, which means a large part of his time is spent killing time, and that same thing is true, I think, of many doctors in the service.

I know an orthopedic man from Miami who is in the Navy. I think he has done two surgical operations since he has been in the Navy and he is one of the best orthopedists in the country. It runs him crazy, because he is losing touch with his work, the things that he went into the Navy to do. No doubt when casualties start coming there will be plenty of work for him and many more like him, but for the 6 months he has been in he has done virtually nothing.

Senator PEPPER. And those men are the ones that are the most capable in active practice, because they are in physical vigor.

Dr. OSINCEP. That's right. They are at the top, as a matter of fact, physically and professionally.

Mr. ROBACK. I have a thought there, Senator. Not only is that medical man out of contact, but isn't there a rapid deterioration of skills?

Dr. OSINCEP. To a certain extent that is true. But after all, a man who has been doing a specialty for years is not going to forget it in 6 months or a year. But they don't want to be idle.

Now, in justice to the other men, I must say that there are many of them in the armed services who are doing plenty of work. You know Douglas Morton, in Tampa. Doug is up in Jacksonville doing pediatrics, seeing 70 or 80 babies a day. But the men who are up there doing nothing are miserable for the most part, and more of them are doing little or nothing than are working full time. So that it seems to me that this plan could easily be put into effect.

I don't see any reason why, in the first place, they shouldn't have fewer in the armed services, and even those could be indoctrinated and sent back home until such time as they are actually needed in

the armed services, and then assigned. I think those two things could very easily be done.

Senator MILLIKIN. Then, in your judgment, Doctor, the question comes down to whether this reserve of medical ability that might have to be used in the event of large casualties can be kept at home after indoctrination, or whether it must be kept in the camps, as is being done at the present time. That is the real question, isn't it?

Dr. OSINCEP. Practically that is the question. It wouldn't seem to be a question in fact.

Senator MILLIKIN. I am playing devil's advocate now. I am trying to figure out what the other side would say.

Dr. OSINCEP. Of course, there would no doubt be serious objection to changes in, we will say, the table of establishment; but, after all, modern methods of treatment are such that, in the first place, the recovery rate of casualties is much more rapid than it has ever been, and the recovery rate is much higher than it has been before, both of which tend to cut down the amount of medical care that is necessary.

Senator MILLIKIN. Are the casualties higher?

Dr. OSINCEP. I don't know as to percentage of casualties.

Senator PEPPER. I have seen some figures to indicate that the casualties in this war have not been higher than they were per unit in other wars.

Dr. OSINCEP. In other words, about 20 percent.

Senator PEPPER. And I saw some figures given out by Admiral McInnis to indicate how remarkably they have diminished the death rate of the wounded.

Dr. OSINCEP. The death rate has gone down very remarkably.

Senator PEPPER. I guess the use of sulphur drugs and other treatment has diminished the death rate.

Dr. OSINCEP. Of course, the number killed outright is the same, but of those that are wounded the recovery rate is much higher than it has ever been before, and much more rapid than it has ever been before. Those two factors both would tend to reduce the number of doctors necessary to care for casualties. You don't have to have as much medical talent available.

Now, as to what we have done in Florida apart from Procurement and Assignment, you know, no doubt, or you have heard of, the situation which existed at Valparaiso, where there was a community of some 5,000 without any doctor. We tried diligently in the State of Florida to get someone to go to Valparaiso.

At the time the original questionnaire went out, which was sent out by the P. and A. to every doctor, there were four columns on there; one, "Do you want to serve in the Army?" "Do you want to serve in the Navy?" "Do you want to remain at home?" and "Would you be willing to be transferred?" I think there were those four headings.

Many of the men who were either too old or physically handicapped, incapacitated for military service checked that they would be willing to be moved to other localities if it became necessary. Since, however, so many of the other men have left those communities where these men were that their practice at home has become greatly enlarged. They have become much busier than they were at the time they filled the questionnaire out. Consequently, they are very reluctant to be moved. After all, there is not much point in moving a man who is busy at home to some place where he could do no more work. So that

that fact means very little as regards the willingness of these men to be moved to some other places.

We tried diligently to find someone to move to Valparaiso. Mind you, the citizens were all making money at the air field, so it wasn't a question of whether or not a physician would make money if he went out there. But this condition, as I say, had arisen, and the doctors didn't want to move from a community where they were busy to some place totally strange to them.

We couldn't find anyone. The State defense council passed a resolution by which the council could ask the State board of health to request medical help from the United States Public Health Service. The Public Health Service would then assign a doctor to the State board of health and they could, in turn, assign him to any community where medical care was short.

We made the request as regards Valparaiso. A man was sent down there and he went to work.

Now, medical care is not given, and this is important. Medical care is not given to those people in that community at all, because we didn't want to pauperize the people. They are charged for services a normal fee for that area. It is true that that is a low-fee area and always has been. But they pay a normal fee to a fiscal agent who is set up by the defense council under the direction of the State board of health. All moneys collected are turned over to that fiscal agent. The cost of operating the doctor's office, his equipment, and so forth, comes out of that. The balance of the money, if there is any, can be used only for health purposes in the State of Florida at the discretion of the State defense council.

Now that serves two objectives. In the first place, it does not do one thing. It does not pauperize the people, and in the second place it does not bring a man into a community and prohibit, because of the fact that they are charging a low fee, other men from going in there on a competitive, normal basis, which we feel is very important. That same procedure can be followed in any community where it is necessary.

The reaction of the State medical association to that was 100 percent. They were all for it. I took it up with the board of governors of the association and the State dental association. They all agreed, because that arrangement provides for dentists as well as doctors. They all agreed 100 percent that that was one thing which could be done and should be done when necessary.

The other thing which we have done in the State of Florida is this: We have made arrangements with the State board of medical examiners whereby any doctor, if he is suitably qualified—

Senator PEPPER. Now, Doctor, before you get away from that Valparaiso case, that has been quite a celebrated case. I think that is probably the first time that was done.

Dr. OSINCEP. That's right; it is.

Senator PEPPER. So that doctor was assigned there by the State?

Dr. OSINCEP. The State board of health, paid by the United States Public Health Service, assigned to the Florida State board of health, and they in turn assigned him to this area to practice medicine.

Senator PEPPER. Was the doctor assigned there a man already on the pay roll of the State board of health?

Dr. OSINCEP. Not at all. He is a man from Baltimore. The Public Health Service said they had a suitable man that they were willing to

commission and send down there. He is commissioned in the Public Health Service as a passed assistant surgeon, so he is paid by the Public Health Service.

Senator PEPPER. You were going into the next question, about licensing him to practice.

Dr. OSINCEP. Being in the uniform of the Public Health Service, he does not require licensing, nor does any man in the armed forces. Any Army or Navy doctor can practice among civilians; but, mind you, the Army is now not allowed to practice among civilians. That was the reason for the situation arising in Valparaiso. When they first went in there they did allow their Army doctors to practice among civilians, but they later discontinued that practice, which created the situation on which was remedied in the way I described.

Senator MILLIKIN. Senator, most of our State legislatures are meeting after the first of the year. I wonder if it would not be a good idea to propose to them some sort of uniform statute, effective for the duration of the war, that will cut down these Chinese walls there are between the States on medical practice. I don't see how we can have an intelligent distribution of medical talent unless something of that kind is done.

Dr. OSINCEP. I will clarify that in a moment, the way we have done that down there. We, of course, in Florida, are particularly fortunate that we live in a State that many men want to come to. Consequently we have had a very rigid board of medical examiners, because we wanted to avoid the mess that California got into, where they threw open their doors and they have been full of all sorts of doctors ever since, which is not good medicine, after all. So we have had, as I say, a board of medical examiners which has been extremely rigid.

But for the purposes of this emergency they have done this, which I think is entirely satisfactory and which can be done any place. If any community is short of doctors—I will go into that in just a minute specifically with regard to Key West—a request from the doctors in that community that they want someone to come in there and help them can be sent to me. I have on file in my office a list of some, oh, 50 to 60, I should say, men who have written to me from without the State wanting to come to Florida and practice medicine. I send them that list. They get in touch then with a man, if they don't happen to know one already, and if he is satisfactory to them, he likes the place and agrees to go there, as they have done in some 10 instances already in the State of Florida. I issue him a certificate, stating that this man, Doctor so-and-so, is practicing medicine in such and such a community at the request of such and such county medical association for the duration of the emergency, under my supervision as chief of the emergency medical service of the State of Florida.

A copy of that is then sent to the State board of medical examiners. The man comes in there, he practices medicine just as he would if he were licensed by the State board of medical examiners, and it is working entirely satisfactorily.

In Key West, where we have a very unfortunate situation in that there are only some five or six doctors down there, most of whom are incapacitated—I have here the record of each of those men—there is only one man who is capable of doing 24 hours' work. In other words, a full medical day, we will say. The rest of them have had coronaries and all sorts of things.

That town has grown from 13,000 to 35,000. The medical condition is so bad that there is a petition signed by some 750, I believe—I don't know; that petition is signed by the citizens of the city of Key West—requesting that something be done about the shortage of medical care in Key West.

I went down to Key West last week, or the week before last. I interviewed these men and they want help. I have sent them a list of available men. I sent two men down there, as a matter of fact, to talk to them, and I have no doubt but by the time I get home there will be a request there that they be allowed to practice medicine in Key West. They will be given a certificate and they can start practicing the next day.

There is no reason why that should not be done in any State.

Senator MILLIKIN. Has the validity of that been passed on?

Dr. OSINCEP. Sshhh! It is probably illegal. The Attorney General has passed on it, but if it came to the Supreme Court we might have difficulty. Of course we have a Governor who is 100 percent for the war effort and he is willing to do anything, and the Attorney General is willing and I am willing to do anything to make this work.

Senator PEPPER. And we are particularly fortunate in having you for the head of the State medical association at this time, your board, and the doctors of Florida.

Dr. OSINCEP. They have all agreed 100 percent. We haven't had a moment's difficulty.

Senator PEPPER. Do you know about any other States, Colonel, that have followed that plan?

Dr. OSINCEP. I don't know, Senator, whether they have or not. I know that we are the first so far as this Public Health Service arrangement, and I rather imagine we are amongst the first in regard to this other procedure.

Senator PEPPER. At least, Senator Millikin, apropos of your suggestion, certainly they ought to do one of two things. Either the Public Health Service, directly or through some appropriate agency, should contact the Governors of the several States and try to get them to recommend such legislation to their legislatures, or the Public Health Service directly or appropriately should contact the governors and the chiefs of emergency medical service and the heads of the State medical societies to see if they can't work out, by common agreement, such an arrangement as has been worked out by their agreement here in Florida; because, after all, if anybody were prosecuted, the Governor would pardon them, so for all practical purposes it is just one of those times when you have to take the bull by the horns and get something done.

Dr. OSINCEP. It does do the job, and no one has opposed it as yet.

Senator PEPPER. They are given the right to practice under your supervision for the duration of the emergency?

Dr. OSINCEP. That's right; and then you do not interfere with the laws of the State, which after all should be paramount after the emergency is over. If you have revised the laws, then, of course, you have that period, and you know how difficult it is to get a law off the books. After all, it is easier to get it on than it is to get it off.

Senator MILLIKIN. Of course, a statute of that kind could be limited to the duration, but I see a lot of difficulties in persuading many

States to take the same view of the thing that you gentlemen have taken down there.

Dr. OSINCEP. You know, Senator, that statement is often made, and I doubt it. I really do. If it is presented to the medical profession as it should be presented to them I don't believe you would encounter opposition. I declare I don't.

Senator MILLIKIN. Now, take it from the doctor's standpoint. When you practice medicine without a license, those of us who have been in the practice of law know that a doctor lays himself open to very, very serious difficulties. I can see very readily that a procedure such as you follow down there in Florida, if it is not in fact based on the law of your State, might lead to a lot of very interesting litigation which some doctors might not want to take the chance of incurring.

Dr. OSINCEP. Well, sir, we haven't encountered that phase of it as yet. There is one difficulty which we have surmounted very readily, and that is the difficulty of their getting a narcotic license. These men cannot be issued a narcotic license because they are not licensed in the State of Florida. Their narcotic work has to be done through another doctor, but due to the fact that the other doctors have requested these men, they cooperate with them 100 percent. They have no trouble, actually, at all.

Senator MILLIKIN. There is no serious delay?

Dr. OSINCEP. There hasn't been, but they can't get a narcotic license.

Senator MILLIKIN. My end point is that if anything is going to be done on this, it has to be done quickly, because these legislatures will meet, most of them, shortly after the first of the year.

Senator PEPPER. I think, Senator, it is a splendid question you raise, and what this committee should do is to take this matter up with the Public Health Service and submit to them a committee recommendation that they do something about this at the earliest possible time, and maybe even that the President might communicate a request to the several Governors at the instance of the Public Health Service, or that something like this be worked out.

Obviously, Doctor, if I understand the import of what you said and have done, this is a many sided problem that you have to approach from different directions, and one of the things is not getting the armed services overstaffed, because we have a limited number of doctors. And they have got, like critical materials, to be divided up.

Dr. OSINCEP. Don't you think there should be an overall survey of the actual work being done by the medical department in the armed services today? It could be done.

Senator PEPPER. Undoubtedly so.

Dr. OSINCEP. I think it would bring to light some very interesting facts.

Senator PEPPER. So that is one suggestion you make, that there shouldn't be an overstaffing in the armed services; second, that serious consideration should be given to the retention of doctors in the armed services on active duty after they pass a point of indoctrination, whether they might be returned and recalled as necessity might require. Then, the third thing is to make some satisfactory arrangements whereby doctors who are not being fully employed or not being employed where they are may be brought to areas where there is a need for medical care.

Dr. OSINCEP. That brings up another point, and that is in regard to procurement and assignment. Procurement and assignment should have some authority to do something. At the moment they have none at all. They don't need to have the authority themselves, but there should be a board, we will say, in each State, that could act upon the recommendations of the committee for procurement and assignment. You know about this; we talked this thing over down there in Jacksonville.

If, for example, there are too many doctors in one community, as there are in some communities, they have no authority to move anyone any place, even though they know there is an adjoining community which badly needs a doctor. They can recommend, they can request, but they can do nothing else at all.

There should be a board set up that could take these recommendations of the P. and A. and make them effective, because these doctors are not going to move voluntarily. Of course, in Florida it is a little different, because we do have a number of volunteers who want to come to Florida just because it is Florida, but I am quite sure that that doesn't apply to every State.

Senator PEPPER. And it doesn't apply to all areas within a State.

Dr. OSINCEP. That's right. We have more than we need in Tampa, for example. There, there are more doctors than we need.

Senator PEPPER. You speak of the procurement and assignment authorities needing some power. Is there any distinction that would be adverse to the affirmative of the matter between doctors and skilled workers who come under the jurisdiction of the War Manpower Board?

Dr. OSINCEP. No. It should be an over-all board, but definitely medicine should be represented on it, because after all it is, in my opinion, at least a very important portion of the manpower.

Senator PEPPER. You think probably the War Manpower Commission and the Director of Manpower should have the authority to solve this problem in the proper way but, of course, you would expect that they would work with competent medical authorities in doing the thing in the right way and the best way.

Dr. OSINCEP. With the procurement and assignment of the State. I don't know about other States, but I know that ours is eminently satisfactory in Florida, with a representation on, oh, call it a central committee of the State, that covers all manpower—I mean a medical representative on that board, with some authority to move these men when the time comes that some of them are going to have to be moved, because they are.

Senator MILLIKIN. Are you quite convinced, Doctor, that it could not be worked out on a voluntary basis?

Dr. OSINCEP. That it could not?

Senator MILLIKIN. Yes.

Dr. OSINCEP. You mean so far as doctors being moved from one community to the other? Not within the State; it could not be. I am positive of that.

Senator MILLIKIN. If we followed your theory of indoctrinating all doctors of conscription age and then passing doctors that could be passed back—

Dr. OSINCEP. Don't you think we have to go beyond the conscription age, now that it has been reduced to 35?

Senator MILLIKIN. The age is not particularly important. As to those doctors that are indoctrinated, they could, by virtue of Army authority, be sent anywhere, because they are a part of the armed forces and are still following Army orders; so your problem comes down to those who are not eligible for Army service and who would not voluntarily move from one community where they might not be needed to another where they would be needed.

Dr. OSINCEP. You take a man of 63, we will say, who is not subject to anything, who is busy at home. There is no point in moving him to some community where he could only do the same amount of work, and yet that is what is happening in Florida today. The men who are at home are increasingly busy and are going to be increasingly busy due to the fact that other men have gone into the armed services. So they are not going to move on a voluntary basis. I don't think that is possible.

Senator MILLIKIN. I think there is a field of attractive theory in there that might not work in practice. For example, they closed down the gold mines of this country on the theory that a vast reservoir of miners would be released for work in the copper mines. Of course, they didn't take into consideration the ages of the gold miners, their attachment to their local communities, the fact that they were taxpayers and home owners and belonged to clubs and lodges and so forth and so on, and when the show-down came they just didn't move.

Dr. OSINCEP. That's right; they won't. And I don't know that I blame anyone for not wanting to leave his own home.

Senator PEPPER. Well, Doctor, it does seem to you necessary that there be some over-all authority that will deal with this medical problem and have the authority to allocate men between the civilian population and the armed services and vice versa?

Dr. OSINCEP. Definitely, with a knowledge of what is needed.

Senator PEPPER. Right. Who will see to it that both of them are served as well as can be with the facilities available.

Dr. OSINCEP. That's right.

Senator PEPPER. In other words, it is analogous to what happens when the War Production Board, in the handling of critical materials, divides critical materials between the armed services and the other agencies included in the civilian population.

Dr. OSINCEP. The same thing.

Senator PEPPER. And this committee has sponsored strongly the principle of following through on those critical materials to see that the best use is made of them where they are allocated, in the agency to which they are allocated, so obviously that would entail the necessity of seeing to it that some reasonable deficiency prevailed in the use of this medical power, at least that part that went to both agencies.

The Army is not allowed to hoard critical materials that are allocated to it by the War Production Board. The War Production Board exercises the prerogative of examining and seeing whether they make efficient use of those or not, and you suggest that the same situation might appropriately be applied, the same principle might appropriately be applied, in the use of doctors, which is a very limited service.

Dr. OSINCEP. And I am sure you would find amongst the medical profession as a whole 100 percent cooperation, because there isn't

a man I have talked to that is not perfectly willing and anxious to do whatever is necessary to be done for this emergency, and although the specter of socialized medicine hangs over our heads, of course, and that is sometimes used as an argument in regard to all this thing, I don't think that that will interfere—in fact I know it will not interfere in Florida—with the full cooperation in the thing, believing as we do that by fully cooperating with the program we will certainly be allowed to have something to say as to our future when the emergency is over. That, I think, is important.

Senator PEPPER. Now, Doctor, getting over a little bit more to that aspect of this problem, Dr. Parran testified, as I recall it, that he had recommended, we will say, I believe 260 or 280 or 290 hospitals to be built in order to take care of the workers that have moved around from one place to another to do war work; that the President had approved 218 of those hospitals so recommended; that 51 were in process of construction now and 2 had been completed. I believe also Mr. Henry Kaiser came in and testified that he had tried to provide medical service and hospital facilities to his workers and to their families, but particularly to the workers, primarily as a means of progressing war work so he could turn out more ships. If he could keep his men well and constantly working instead of being absent with illness, obviously he had more man-hours which could be devoted to the building of ships. Consequently the health of his employees, he thought, was very vital to the progress of his war work.

All of which suggests the deeper question in which we are interested here, whether or not in your opinion the health of the people is related to the manpower problem.

Dr. OSINCEP. Well, of course, the answer to that is obvious. You know that in Florida I have been doing some v. d. work. The syphilitic rate amongst the population as a whole is the same as it is among the first million selectees. That means that of those engaged in the war effort, assuming that there will be 55,000,000, there will be 2,250,000 of them incapacitated because of syphilis alone. It is obvious that 2,250,000 people could easily mean the difference, shall we say, between victory and defeat. It means a lot when you translate that into terms of man-hours.

So it is with any disease. Take the common cold. After all, translate the loss of time due to a common cold—3 or 4 days—and multiply that by the number of common colds amongst the workers in war industries. How many man-hours are lost? It is an astronomical figure.

Senator PEPPER. So, in going into the figures of the best use of our manpower, it is folly to neglect public health.

Dr. OSINCEP. After all, a sick worker can't do a job.

Senator PEPPER. Would you care to speak about what you have done in Florida, in respect to the venereal-disease program, or have you already covered that?

Dr. OSINCEP. I haven't said anything about that.

Senator PEPPER. Do you feel it is proper to make a brief statement on what you have already accomplished?

Dr. OSINCEP. I would be glad to do that if it would help.

When I first became a member of the State defense council at its beginning, it had been known, of course, for years, that our v. d. rate,

particularly our syphilitic rate in the State of Florida, was the highest in the Nation, our colored syphilitic rate being something around 401 per thousand and the white rate around 68 per thousand, and due to the large influx of military personnel in the State of Florida, the concentration, of course, of troops, I suppose greater, perhaps, than there has been any place in the United States, it seems to be obvious that something must be done about it, so I attempted to approach that thing from an angle from which it had not previously been approached; in other words, the approach of law enforcement.

There had been many efforts, of course. There had been an excellent v. d. program put on by the State Board of Health, augmented and implemented by the United States Public Health Service, a treatment program which was rather restricted because we didn't have sufficient funds, but which had been doing a good job as far as it went. But it had never been approached from the angle of the mayors and chiefs of police and the prosecuting attorneys and judges and so on, those people who had to deal directly with this problem as those cases came into our courts.

So I had three meetings with those people, that group, and explained something of the problem to them. The thing that brought it to a head was the large number of selectees who were being rejected at the induction centers because of the high incidence of venereal disease, which in turn meant that many of our men who ordinarily wouldn't be taken by Selective Service were being taken much before their normal turn. The white rate of induction, of course, was much higher than it would have been had they been able to take more of the colored men in, so it was a very acute problem.

For the most part, those authorities agreed to exert themselves in putting on a v. d. program. Then the President instructed the F. B. I. along in May or June, to interest themselves in the problem, and in the State of Florida Mr. Danner, who was head of the F. B. I., organized a junket consisting of a state's attorney, a judge, a sheriff, and me. We held nine conferences all over the State of Florida, and at that time were told that C. C. C. camps would be made available for the incarceration, treatment, and rehabilitation of these infected prostitutes who were picked up and put in jail.

Senator PEPPER. What was the status of that under State law?

Dr. OSINCEP. The State laws are not ample. The State laws are, we might say, archaic. But by not twisting the law but by making it applicable, shall we say, we used the old vagrancy law.

Senator PEPPER. By careful examination.

Dr. OSINCEP. That's right; and if you have read that law, it includes nightwalkers and fiddlers and peddlers and all sorts of things. In fact, you can arrest almost anyone under that law. So we used that as the law under which the enforcement agencies could pick them up. Then, of course, on examination—and any person, under the State law, having or suspected of having a venereal disease can be made to submit to examination to determine whether or not they have it—some 80 to 85 percent of these girls were found to be infected. Then, of course, we had ample law so far as the State board of health went to quarantine, to treat, to isolate, to do anything we liked with them, until they were rendered noninfectious and turned loose.

So with that as a basis, the enforcement agencies in most of the cities in Florida really went to town. They arrested large numbers.

In Jacksonville at one time they had 283 in jail; Tampa had 260; Miami had around, I think, 153. The smaller communities filled their jails up immediately. The C. C. C. camps were not made available, due to circumstances which you know about, until comparatively recently, when the money was appropriated, and the camps will, I expect, be opened by the end of this month.

Senator PEPPER. How many C. C. C. camps are they to use?

Dr. OSINCEP. There are to be 3—1 in Wakulla, 1 in Ocala, and 1 in Sarasota—not in, but adjacent to, those places. They will accommodate on an emergency basis some 750. We have almost 1,000 in jail in Florida today, and have had them since along in July or August, and the conditions in the jails are terrible, of course. They built temporary barracks and shelters and all sorts of things to care for them. They are treating them; they are being treated and sheltered after a fashion, but it is entirely unsatisfactory. The minute those camps are open they—the prostitutes—will be transferred to those camps, whereupon the jails will immediately be full again, because in Jacksonville alone they estimate there are some 3,000 professional prostitutes operating, and Tampa estimates they have around 2,000.

In other words, it is a terrific problem in the State of Florida. Even in the little town of Crestview, for example, they have 32 known prostitutes and probably 85 percent of them are infected or operating in that little old town, yet they have no place to put them. They have a jail capacity of 4, and that is full all the time. So in small communities this problem has been particularly acute and will remain so until these camps are opened. When we fill them up we will probably have to have more in order to deal with the problem effectively.

Senator PEPPER. You are approaching in primarily, rather in the first instance, through the infected woman.

Dr. OSINCEP. The infected prostitute.

Senator PEPPER. Does that program extend to men in any way?

Dr. OSINCEP. Oh, definitely. Out of the 67 counties, 63 now have treatment facilities for those men who, not only other persons but those men particularly who have been rejected by Selective Service because of venereal disease. Of course, you know the Army is taking some of them. They take as many as they can handle in their hospitals, which amounts to about 2 percent.

Senator PEPPER. Do they include syphilis?

Dr. OSINCEP. They take up to 2 percent of V. D., including gonorrhea and syphilis—up to 2 percent of the number of inductees. But they won't take, at the moment, more than that.

Senator PEPPER. Suppose a selectee is called and it is discovered that he has a venereal disease. What happens? Is he required by the State board of public health to be treated?

Dr. OSINCEP. At the present time he is. That, however, is recent. Senator PEPPER. To report to a certain place of treatment?

Dr. OSINCEP. He must report to the center nearest his home for treatment for venereal disease. For example, we had this, and this is what brought the matter to a head. In Lake County there was one man who was ordered up for induction. The minute he was ordered up he went out and deliberately acquired gonorrhea. He reported at the induction center and was refused. Three months later he was ordered

for induction again. He went out again, contracted gonorrhea, reported and was again refused. By that time Jess Hunter, the State's attorney, was fed up with this bird, so he threw him in the hoosegow. He had him cured, and the next time he was ordered up they took him from the jail to the induction center, and he was in the Army.

That thing happened numerous times. That is not an isolated instance by any means. Then a system was worked out whereby when a man is rejected because of a venereal disease the selective-service board notifies the health authority in the county that this man has a venereal disease. Then he comes under the State law, and there is a law against having a venereal disease in the State of Florida, so he can be brought in under a warrant if he does not come in voluntarily, and if he doesn't come back for treatment whenever he is ordered, he can be picked up and put in jail, if necessary.

They are treating all over the State huge numbers of these rejected selectees.

SENATOR PEPPER. Who pays for that treatment?

DR. OSINCEP. The State board of health. Some of the money comes from the Public Health Service, of course.

SENATOR PEPPER. That has been a very fine program, hasn't it?

DR. OSINCEP. Oh, indeed, it has.

SENATOR PEPPER. Do you know what program is being employed in all other States of the Union?

DR. OSINCEP. I don't know.

SENATOR PEPPER. That is only the cases, however, the two cases, of the prostitute and the selectee?

DR. OSINCEP. That is right.

Now, of course, they have always had these treatment centers for venereal disease, of which there are now 63 in the 67 counties, which are available to any citizen of the State.

SENATOR PEPPER. How many take advantage of it?

DR. OSINCEP. I don't have the figure.

SENATOR PEPPER. You feel, then, that that program has done a great deal toward alleviating the venereal disease situation.

DR. OSINCEP. In Florida; yes, sir.

SENATOR PEPPER. Doctor, what would be necessary, in your opinion—in other words, have you any suggestion as to what more could be done upon that problem?

DR. OSINCEP. The V. D. problem?

SENATOR PEPPER. Yes.

DR. OSINCEP. Yes; I have. We begin to get into a big field, and this was done, too—I neglected to say this—in Florida. One of the places where the program broke down, where it failed to function properly, was in a lack of proper understanding between the armed forces and the members of the law-enforcement officials. In other words, the Army would make demands. They would move into a community, take over the airport, and all that sort of thing, and bring in large numbers of personnel. They would make unreasonable requests of the civilian authorities, the mayor, chief of police, sheriff, and so forth, in regard to this control. And, mind you, when you get into V. D. control you get into the liquor situation, the closing of bars, and all that sort of thing. The military made, in many instances, unreasonable demands.

Equally, the civilian authorities made unreasonable demands of the military. They were inclined to say to the commanding officer, "If you want to do something about this, why don't you simply put the town out of bounds?" It is true a commanding officer could put a town out of bounds if he saw fit to do so, but it is not a thing he should do, and they are very reluctant to do it; in fact, I don't know that they have ever done it. I don't think they should. They do put certain premises out of bounds. It is true that that would solve the problem.

So it was apparent that, due to a lack of understanding between the two, who, after all, must work closely together if this thing is to be solved, there should be some uniform program for the entire State. So with that in mind we thought first that we would have a meeting of all the commanding officers in the State of Florida, but that seemed impractical because commanding officers are a very busy lot of men and they are very rarely all in the State at the same time. So I wrote up a series of recommendations which I took to each commanding officer in the State of Florida and had him read them over. It had to do with curfew and conferences between the civil and their own authorities so that they could explain, one to the other, reasons why they couldn't do the things that had been requested. There are five points in this program, which I think are all right.

Every commanding officer in the State of Florida signed those recommendations—every one of them, 100 percent. Then I took those to the Governor. It was my idea that the Governor should issue a proclamation to the civil authorities and to the people of the State of Florida, saying that these recommendations had been made by the commanding officers, and "I hereby call upon you to comply with these requests." These are the requests as regards curfew, these conferences, and so on and so forth, which I think will be done very shortly, and I think it is a step that will go a long way toward solving that friction that has existed in many instances.

SENATOR PEPPER. Have you those five recommendations?

DR. OSINCEP. I am not sure.

There again, those men were fully cooperative. So that, as I see the picture, it is a matter of explaining the necessity to these men, and once they are shown or have a clear picture of what is necessary, we haven't had any trouble at all in getting full cooperation from them. I think the same thing would be true of the medical care problem.

Here is a copy of the recommendations. That other page is just a statement of the situation. Those are the recommendations.

SENATOR PEPPER. Doctor, if you don't mind summarizing those for the record, I think it is a valuable precedent that other States might be interested in following.

DR. OSINCEP. In the first place, we recommend a curfew on the sale of bulk liquor for 8 o'clock p. m., and that no package liquor be sold over the bars after 8 o'clock; a curfew on the sale of intoxicating liquors, beer, and wine, not later than 12 midnight.

Frequent conferences held between V. D. control officers and all civilian authorities, in order that there may be a complete understanding on the part of each of the problem confronting the other.

The commanding officer should cooperate with the civilian authorities by instituting prompt and effective treatment facilities, which

should include ample prophylactic facilities, quick, accurate methods of reporting places of contact; names, address, and other pertinent information given to the proper authorities, including arrangements whereby civilian authorities can comply with the law, as they must do, in preferring charges in connection with the work. That had to do with the swearing out of warrants by the men picked up with V. D.

We ask commanding officers to agree to stick to the rules and regulations for the conduct of their personnel, such as establishing out of bounds, and disciplinary action against violation of our rules of segregation.

Then we asked that the Governor make known these recommendations to all the citizens of the State.

Senator PEPPER. That is some more good pioneering on your part.

Dr. OSINCEP. In spite of the fact that when this was suggested we were told that we would probably have a great difficulty in getting the commanding officers to sign it, we didn't have a bit of difficulty.

Senator PEPPER. How are these 63 V. D. clinics supported financially?

Dr. OSINCEP. By the State Board of Health. In some of the counties there is an officer of the Public Health Service assigned to the State Board of Health, and in turn assigned by them to the counties.

Senator PEPPER. Where do the funds come from?

Dr. OSINCEP. Isn't that title VI?

Mr. ROBACK. Certain funds are provided for the public health.

Senator PEPPER. Under the social security law?

What we want to know is if there is anything more Congress can or should do to make these programs more effective. Do you need more money? Are you getting enough money to do what ought to be done?

Dr. OSINCEP. I may not be clear as to the hitch that there was here. I don't know. There is ample money, as I understand it, under the Lanham Act, but there was a question in the Budget Bureau as to the administration of those funds which held the thing up from July until October. What that was about I don't know. The money has been appropriated now—three hundred and some odd thousand dollars, almost \$350,000, for the operation, to the State Board of Health.

Senator PEPPER. Is that adequate?

Dr. OSINCEP. That will operate those three camps, yes; but of course that is only a beginning, as I see it, in the State.

Senator PEPPER. In other words, to get at the whole v. d. control problem you do need more money?

Dr. OSINCEP. I think undoubtedly we will need more money—undoubtedly.

Senator PEPPER. Would it be your thought that the Public Health Service would be the one to examine this situation and make estimates and recommendations to Congress as to what funds would be desirable to be employed in this work?

Dr. OSINCEP. Well, Senator, I wrote to the Public Health Service in regard to this thing because, as I saw it, their interest has chiefly been in the treatment, and quite properly so, of those people who have venereal disease. But the problem is much bigger than one of just treatment. I mean, it is all very well to provide treatment facil-

ities for those that have it. The facilities should be available. But on the other hand the enforcement of a program against venereal disease is much broader in scope than merely treating the known cases of venereal disease. It is a matter of, well, this sort of thing: Curfew and cooperation on the part of all the law enforcement agencies who touch the problem at any place. So it is much larger than just a medical problem, as I see it.

True, that is an essential part of it, but it is not all of it by any means, and the reply I had would indicate that the Public Health Service, as they saw it under the law, felt their function was merely that of treatment of those cases. I may be wrong in my interpretation of that, but I think that is it.

Senator PEPPER. Wouldn't it be proper to say, then, that in this period when manpower is such a critical service and resource, it would be the best of all times for the various governmental agencies who should deal with this problem to get together and line up and line out an effective program to deal with the subject?

Dr. OSINCEP. They must get together.

Shall I give you an instance of what I am talking about by their not getting together? I am sorry to take so much time here.

Senator PEPPER. Go right ahead.

Dr. OSINCEP. In setting up the emergency medical service for Florida we had assigned every doctor in the State who was physically capable of doing anything to a station for such an emergency. In other words, he might be assigned to a hospital as a member of a surgical team; he might be assigned to a casualty station; he might be assigned wherever it was necessary, but every doctor in the State has been assigned.

Then came an order from the Fourth Service Command, which required each local commanding medical officer to make a survey of hotel facilities in his community, with a view of taking over that hotel or those hotels in case of an emergency, not specifying what kind of emergency, for use as emergency hospitals, and that those hospitals should be staffed by civilian doctors.

Well, immediately this arose: They appointed a man in each of these larger towns in the State of Florida who began to ask his friends if they would be willing to serve on the staff of this proposed hospital in case of an emergency. Those men already having been assigned by the emergency medical service to a duty, many of them having been asked to join emergency base hospital units which are in process of being organized, they didn't know what to do, whether they should accept the invitation of the Army and be on their staff, or whether they should continue in their work with the emergency medical service.

Well, it created much confusion and a lowering of morale because of the problem with which they were thus confronted.

As it turned out they finally called the plan all off. Now, whether I am right in this I don't know, but I think I was reliably informed that that plan was evolved by the staff without, and in fact, over the disapproval of the Surgeon General. I would not want to be quoted, because, as I say, this is hearsay on my part, but when it was finally learned what was going on the President himself wrote a letter to the staff which caused them to call off the whole program.

But that is an instance of what I am getting at, a lack of knowledge on the part of one governmental agency of what is being done by any number of others. In other words, there is no over-all picture of this thing, and that is typical of the sort of thing that I think is most unfortunate and that can comparatively easily be regulated if there were some agency with complete control of, we will say, the medical situation.

Senator PEPPER. That is a very interesting suggestion which I hope will come to the attention of the armed services and the War Manpower Commission and the Public Health Service, and certainly of the head of the Federal Security Agency, who is also the Director of the War Manpower Commission. Surely there must be some central agency that can reconcile these different jurisdictions.

Doctor, it is pretty late to undertake this; but we are very anxious to get from competent sources any recommendations that would be of help to this committee, and in turn that we may make recommendations to the Congress as to what can be done to facilitate the public health and better promote the winning of the war by a more complete and efficient use of the manpower resources of the country.

That gets into the matter of the public-health program. There isn't anybody on this committee, I know, who has not the highest respect and esteem for every honorable member of the medical profession, so in asking that question, as we asked it before, it isn't in any sense in the world intended other than to indicate respect and esteem for every honorable member of the medical profession. We don't have any ideas or philosophy which directly or indirectly is designed in any sense of the word to impair or disparage the dignity of the independent or the proficiency of every honorable member of the medical profession.

So far as I know, none of the members of this committee has any concrete ideas as to what ought to be done. All we want to do, if I interpret correctly the feeling of the committee, is to know whether there is any proper way whereby the medical facilities and medical care can, in some proper way, be brought to a larger number of people so that fewer people will die, a large number of people will enjoy health, a more efficient use of the manpower resources of the country may be made, and the winning of the war may be expedited by the best use of our manpower resources.

Dr. OSINCEP. That was a rather long question. I hardly know where to begin. I think you asked if I had any suggestions to make.

Senator PEPPER. As to how in any proper way we can make available to the public, Doctor, more medical service and a larger number of medical facilities. I mean by that more doctors and more hospitals, principally.

Dr. OSINCEP. Well, I think I covered that fairly well as far as the armed services go.

Senator PEPPER. That is right.

Dr. OSINCEP. You are getting into a question now which, of course, is fundamental. That question, as I see it, is, and has been for a number of years, the matter of cost of medical care. Medical care is essentially expensive, inevitably expensive, because of the way medicine is practiced today, with all the appurtenances of diagnosis, laboratory procedures, the high cost of remedies, the high cost of hospitalization. All those things tend to make medical care avail-

able to two large groups; on the one hand, those who are amply able to pay for anything and everything, whatever they or their families need; and on the other hand the indigents, who can probably pay for nothing. They have probably received much more adequate care than has the large group of the population who are the group with a very moderate income and who, due to the fact that their income is largely budgeted every month, if they get \$125 a month buy things on the installment plan, if they have a dollar or two left at the end of the month they are lucky. They simply utilize all of their money and every one of them uses it all up. They are buying a home, a radio, an automobile—on the installment plan. They never allow anything for emergencies, and medical care is always an emergency to those people. They never anticipate being sick, so when they become sick they have made no provision at all for it and they have no money with which to pay for it.

Well, because of the fact that—me, I am a pediatrician. I don't make any effort to determine a person's income. I am one of those who believes that all persons should be charged the same thing. I do no surgery. Surgery is a little different thing. But I mean in the average practice of medicine, I think all persons should be charged the same for like service is they can afford to pay it. So I make no effort to determine whether or not a patient can afford to pay me my fee or not. If they come to me I assume they can. If I go to the home, I assume the same thing, and I do the work.

Many of those people are reluctant to seek medical care because they know it is expensive. They don't want to incur a bill they can't pay, because the majority of people want to pay their bills, so they oftentimes do not seek medical care until the condition has advanced to the point where what is necessary is perhaps rather expensive. They may need hospitalization, they may need surgery, something that perhaps could have been averted had they sought medical care earlier. And they have done it because they didn't have the money to pay for it.

Then, when the time comes that the Doctor is finished and he sends them a bill they are usually at that time very, very grateful. They say "Oh, he's wonderful. I would pay him a million dollars if I had it for what he has done for me." But they still have no money.

That bill keeps coming month after month. Sometimes they say, "Well, at Christmas time I will get a bonus and then I will pay that bill." That goes on month after month, until finally they get the feeling, "Well, he didn't do so much for me after all," and they begin to seek some reason for not paying the bill.

The doctor, on the other hand, seeing these people living in a decent home, clean, well fed, they have a nice automobile, they have all the things that go with a reasonably good income, gets a little bit annoyed because these people haven't said anything about paying the bill. On the other hand, they have paid nothing at all, and there has been a feeling of ill will built up between that group of people and the medical profession which is no one's fault.

It is not my fault that I send those people a bill for my average fee. On the other hand, it is not their fault that they don't have the money to pay it with. But they get sore at me and I get sore at them. So, as I say, there has been a feeling of ill will built up

between the public and the medical profession which is no one's fault at all.

The solution of that would lie, in my opinion, in this: If I had available to me accurate, reliable figures as to what any person could pay me, I would not charge him more than that, in the first place. In other words, if he could only afford to pay me, well, 50 percent of a normal fee, I would only charge him 50 percent. If he could afford to pay nothing, I would charge him nothing. I do that in many cases anyway where I know people have no money. So if I had available to me figures as to what they could afford to pay, that is all I would charge them.

They, on the other hand, being charged something they could afford to pay, would pay the bill.

Do you see what I am getting at? I believe firmly that a system could be built up, and it would not be difficult, in a population group of 100,000 people, to build up a center of information where I could call up and say, "John Jones—what classification is he? Can he pay the full bill, 50 percent, 25 percent, 10 percent, or nothing?" And they could immediately tell me. That is what the basis of my charge would be. He would pay the bill, I would be satisfied. He would be satisfied with me and we would both have a feeling toward each other which would be what it should be instead of this feeling, as I say, of irritation and ill will which has been built up.

I firmly believe that that would solve that, on a voluntary basis. Senator PEPPER. Excuse me for interrupting, but I saw somewhere a couplet—it might have been in a magazine—that went something like this: "God and the doctor we both alike adore, when just on the brink of danger, but not before. When once the danger is past"—then comes something next—"God is forgot, and the doctor"—I don't remember the last line.

Dr. OSINCEP. "The devil is he," probably.

But it is a fact. That could be done. I have talked that with numerous doctors all over the country, and they all agree that that could be done. The average doctor does not want to rob people. He doesn't want anybody going hungry to pay his bill. I think that is universally true.

Senator PEPPER. Assuming now, that that would take care of the medical service, what would be your suggestion about clinical facilities and hospitalization?

Dr. OSINCEP. There is only one solution to hospitalization, and that is a universal hospital insurance of some kind. Hospital care is too expensive. It is not too expensive, it must be expensive. There is no such thing as cheap hospital care.

Senator PEPPER. I have always had a feeling, and I would be glad to have your opinion as to whether it was right or not, as I understood you to intimate, that there was more distress and inadequacy attributable to the lack of hospital facilities than to medical, than to getting a doctor. Even if you were to give a patient your services, you can't afford to pay his hospital bill.

Dr. OSINCEP. And he can't afford to pay it, therefore the hospital takes the burden and the hospital cost inevitably goes up on the person who can pay.

Senator PEPPER. And the hospital, of course, has its limitations. It has to keep within its income and it can only take a certain num-

ber of indigent patients unless it is an endowed hospital or publicly supported.

Now, which would be better, for some public agency like the State or the counties or the municipalities, with the aid of the Federal Government—in other words, public agencies—to provide available hospital facilities, and that some similar principle to the one you spoke of be employed, and the fellow who is able to pay, pay his proper hospital fee and the ones less able to pay, pay according to their ability, and the ones not able to pay at all pay nothing? Or some plan of hospital insurance, as you have just indicated?

Dr. OSINCEP. I think medical care will work on the thing I have outlined. I don't think that is applicable to hospital care. I think hospital care must be taken care of by universal insurance of some kind; for those persons who can afford to pay nothing, for some governmental unit, whether it is the city, State, Federal, or some combination, to pay for those persons who could not afford to pay the very small premium necessary for universal insurance. Those premiums, on a universal basis, would be reduced to a ridiculous amount, as has been done in some States already.

Senator PEPPER. You feel that some program like that, allowing the doctors, in their own independence, to be called by any patient who might wish to call them and then to graduate their fees according to the capacity of the patient to pay, that that system, and then a system of hospital insurance, whereby a very large number of people would be brought under the system and the fee could therefore be kept down, plus some sort of provision for hospital facilities by public agencies for the indigent, those not able to pay—

Dr. OSINCEP. Even they would be covered under this universal insurance plan. Everybody would have a hospital insurance policy—everybody. The indigent's policy premium would be paid by a public agency, a governmental agency of some kind, whether the city, county, State, Federal, or a combination. Those persons who could afford to pay would pay their premium and the premium would be so minute on such a broad basis as that—

Senator PEPPER. I see. Then the construction of the hospitals could be either by private agencies with the approval of some public agency or by a public agency.

Dr. OSINCEP. That's right.

Senator PEPPER. But to be paid out of these insurance premiums.

Dr. OSINCEP. That's right.

Senator MILLIKIN. Senator, could I ask a question?

Doctor, have the medical associations crystallized their views on these things that we are talking about now?

Dr. OSINCEP. They have not been crystallized, except just my own personal conversation.

Senator MILLIKIN. Take universal insurance.

Dr. OSINCEP. It has in some States. For example, in North Carolina they have a plan which was worked out jointly by the State hospital association and the medical association, and it is a very satisfactory system.

Senator PEPPER. Give us a rough outline of that.

Dr. OSINCEP. They got together, the hospital association in North Carolina and the State medical association, and borrowed \$25,000 from the Duke Foundation and they set up this hospital insurance

scheme which pays, I think it is, at the rate of \$4.50 a day up to 21 days, or is it up to 30 now? Anyway, they pay at the rate of \$4.50 a day.

They, in establishing this thing, expended only \$20,000. Their premium was 3 cents a day, which was later reduced. I don't know how low it is now. They had a coverage of something around 100,000 people. The employers up there participated. At 3 cents a day it was 90 cents a month.

That company has never yet refused one claim. They have been gipped, of course. People have joined the thing and accepted expensive care, but they have never refused one claim, as opposed to the commercial companies, who put out hospital insurance primarily to make money, who must make their operating expenses and then refuse whatever claims they can get out of. But, operated as it is in North Carolina, by the State associations, hospital and medical, they have never refused a claim.

They, I think, are still growing, and they expended the sum of \$20,000, which they later repaid. They paid that fund back, and it is a self-liquidating arrangement that is going on and expanding and doing a swell job.

We wanted to do it in the State of Florida. We discussed it numerous times, but we couldn't get the \$25,000 to start with. I wrote to Washington and tried to get it.

Senator MILLIKIN. Has the American Medical Association made any recommendation on any of those subjects?

Dr. OSINCEP. I don't think so. We had the American Medical Association economics man, Dr. Cleland, down there at that time, and we couldn't get a yes or no out of him. We would have done it had we been able to raise \$25,000.

Senator PEPPER. If somebody wanted to give a gift that would serve humanity, that would be a very excellent opportunity to do it.

In the North Carolina case this was a voluntary arrangement who we were allowed to come in if they wished to?

Dr. OSINCEP. That's right. They did it largely by large groups. The Cannon mills, and I think Reynolds, came in.

Senator PEPPER. Would farmers and other independents be eligible?

Dr. OSINCEP. Oh, yes; they did it in population groups. They would take two square blocks, we will say. They insisted that in these two square blocks a certain percentage of the people must join. They had to do that because their premiums were so low, and if you let them come in just as they will, they will come in, pay their first 3 cents or 90 cents or whatever it is, and go to the hospital or have a baby or a hernia repaired which they have had for 10 years, and then they will drop it.

Mr. ROBACK. Does the Farm Security Administration operate in the State of Florida so far as a medical program is concerned?

Dr. OSINCEP. They did operate; they do not any more. I could tell you a lot about that, if you would like to know.

Mr. ROBACK. Was that on the idea—

Dr. OSINCEP. What Farm Security did was this: They took a certain amount of each loan, I think it was \$12.50, and set that up as a fund, out of which medical care was to be paid. What happened was this: Due to the fact that county agents for the most part were unfamiliar with the many ramifications of this thing—they set it up in

Ocala, in Marion County, where they had I have forgotten how many clients, and then they set it up in west Florida. What happened was this: Those people, the minute they were told that they had money available for hospital care, rushed into the hospital. They had a hernia operated on that they had had for 20 years. It was no time at all until the money was all gone. They were giving them very, very cheap medical care. Do you know the system?

Senator PEPPER. No.

Dr. OSINCEP. What they did was this: They took this \$12.50 for each of their clients and divided it into 12 parts, 1 for each month. So they had a monthly budget of so much. The doctors in the community took all the care of these clients, and at the end of the month they sent their bills in for a normal fee, what they would ordinarily charge for a person in a like standard of living. Then they took the amount of money they had and prorated it amongst the total of those bills, and in some instances it worked out that they got almost 100 percent; in others, 75 percent, some 60, but the doctors were entirely satisfied with that. Even if it was only 25 percent, that was 25 percent more than they had got out of the same group of people before.

But these people rushed in and ran the hospital cost so high that there was just simply no money left after about a year and a half.

Senator PEPPER. And it didn't carry on through a long enough period—

Dr. OSINCEP. Had they included hospital insurance in that thing, they would have been getting somewhere, but it failed, of course.

Senator PEPPER. In other words, it would be a whole lot better to pay that money on an insurance premium.

Dr. OSINCEP. That's right; much better.

Senator PEPPER. Senator, have you any questions?

Senator MILLIKIN. No, thank you.

Senator PEPPER. Well, Doctor, that is very interesting to me. That is one of the things that I want to see done—some way worked out whereby there will be medical care and hospital facilities available to a larger number or to everybody.

Dr. OSINCEP. It can be done, and still not set up those things which we in organized medicine feel are things which would cause, shall we say, a deterioration of the practice of medicine.

Senator PEPPER. By the way, can you tell us offhand how many of the deliveries of children in the State of Florida are still done by midwives?

Dr. OSINCEP. Oh, I have those figures in my office. It is a very large percentage. Those Negroes out on the farms nearly all have midwives. I was just going over the figures up in Selective Service the other day, and there were two counties at least, a population in one of 2,500 and 2,600 in the other, and there was not a doctor in either of those two counties.

Those people, of course, are largely colored, and I venture to say that their birth rate is way up, and I am quite sure that very few of those people ever have a doctor when they have a baby.

Senator PEPPER. Obviously that affects the infant mortality, too.

Dr. OSINCEP. Yes; although they have done a good job in educating midwives. They have given them very extensive courses in midwifery.

Senator PEPPER. I have often mentioned the fact that I learned the instruction which the W. P. A. has given in 1 year to these midwives, whom they call together into groups for instruction, lowered the infant-mortality rate in the State in 1 year over what it was the previous year something like 13 percent, as I recollect the figures.

Dr. OSINCEP. I didn't see that. It is rather interesting.

Senator PEPPER. Doctor, is there anything else you care to say? We certainly are very much obliged to you, and I will say on this record what I have told you personally and what I have said this afternoon: If medical societies and emergency units all over the country just had such men as Dr. Osincep in Florida, who has his broad point of view and his ingenuity and willingness and determination to work out these problems in the public interest without the sacrifice of any professional interest, it certainly would be a godsend to this country.

Dr. OSINCEP. Thank you, sir.

Senator PEPPER. We do appreciate your coming here and giving us the benefit of your experience and recommendations.

We will recess until tomorrow morning at 10:30, when Dr. George Baehr, Chief of the Medical Division of O. C. D., will appear, and tomorrow afternoon at 2 p. m. Dr. Joseph Mountain, Assistant Surgeon General, United States Public Health Service, and thereafter Dr. Max Lapham, executive officer, Procurement and Assignment Service, will appear.

Dr. OSINCEP. May I come to those meetings?

Senator PEPPER. Yes, sir; you will be more than welcome.

Whereupon, at 5 p. m., a recess was taken, to reconvene at 10:30 a. m. the following day, December 15, 1942.)

INVESTIGATION OF MANPOWER RESOURCES

TUESDAY, DECEMBER 15, 1942

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,

Washington, D. C.

The hearing was resumed at 11:30 a. m., pursuant to adjournment, in the committee room, United States Capitol; Senator Claude Pepper (chairman) presiding.

Present: Senators Pepper and Millikin; Dr. F. P. Weber and Mr. H. Roback, assistants to the committee.

Senator PEPPER. First of all, we want to express our appreciation to Colonel Baehr for his coming to the committee and to apologize for the tardiness of our reception of him. We are all pretty busy in these times.

STATEMENT OF DR. GEORGE BAEHR, CHIEF MEDICAL OFFICER IN CHARGE OF THE MEDICAL DIVISION OF THE OFFICE OF CIVILIAN DEFENSE

Senator PEPPER. Will you state your name and the position you occupy, Colonel Baehr?

Dr. BAEHR. Dr. George Baehr.

Senator PEPPER. And what is your present position?

Dr. BAEHR. Chief Medical Officer in Charge of the Medical Division of the Office of Civilian Defense.

Senator PEPPER. What are your duties in that position, Doctor?

Dr. BAEHR. The Medical Division is responsible for assisting States and localities in the preparations to protect the residents against the hazards of enemy action.

Senator PEPPER. You are concerned primarily, therefore, with protective measures, Doctor?

Dr. BAEHR. In the field of medical care and sanitation, largely.

Senator PEPPER. Do you mean medical care for injuries which might be sustained from enemy attack in some way?

Dr. BAEHR. Yes; injuries that may be the result of direct enemy action or sabotage.

Senator PEPPER. You do not go into the question of public health insofar as it may affect the manpower of the country being more efficiently employed?

Dr. BAEHR. No; that is the responsibility of another branch. Our responsibility so far as sanitary facilities are concerned is to see that communities are protected with auxiliary supplies and additional resources in the event that such facilities might be interrupted by enemy action or sabotage.

Senator PEPPER. Can you tell the committee in what areas and in what ways the shortage of facilities and lack of hospital facilities have impeded the work that you are attempting to do?

Dr. BAEHR. We are particularly concerned with communities located in the target areas, because in the event of enemy action these communities whose population has increased significantly, in many instances have an inadequate number of physicians and nurses and inadequate hospital facilities, so that in the event of enemy action it would be exceedingly difficult for the emergency medical service which has been set up in all communities in the target areas to handle any exceptional load of work.

Senator PEPPER. Is it fair to say, then, Doctor, that we have a deficiency in hospital facilities, both for peace and war?

Dr. BAEHR. Yes, sir; but our responsibility is primarily concerned with the particular hazard that the war brings to those areas in the coastal zone and also in the interior of the country where there are large concentrations of people engaged in the war industries.

Senator PEPPER. Would you care to state, Doctor, what steps have been taken to provide more adequate hospital facilities to meet the need is that you anticipate?

Dr. BAEHR. The responsibility for providing those facilities, of course, rests with other Federal agencies, such as the United States Public Health Service and the Federal Works Administration.

Our responsibility consists largely in calling attention to the grave deficiencies that we may note or that may be called to our attention by our field officers.

Senator PEPPER. Do you issue directives, and if so, have your directives been complied with by these other Federal agencies, to provide additional hospital facilities that might be needed?

Dr. BAEHR. In some instances.

Senator PEPPER. How many hospitals have been added pursuant to such directives or recommendations from you or your agency?

Dr. BAEHR. I believe no hospital has been completed, to my knowledge.

Senator PEPPER. Are there any under construction?

Dr. BAEHR. There are a few under construction.

Senator PEPPER. So no hospital has yet been completed which would supply these facilities, the inadequacy of which you speak?

Dr. BAEHR. No, sir.

Senator PEPPER. Do you contemplate the use of any other facilities than the newly constructed hospital to meet such needs?

Dr. BAEHR. Yes; we have in all of the coastal States arranged for the establishment of a chain of emergency base hospitals in the interior of those States, into which casualties and other categories of the hospitalized population of coastal cities might be evacuated in the event of enemy attacks.

These are largely existing institutions, such as mental hospitals and sanatoria and convalescent homes, which lend themselves for this specific purpose.

Senator PEPPER. But those would be places where people only might be kept; they would not be adapted to the treatment of people, would they; they would not have the equipment?

Dr. BAEHR. They would be adapted for treatment in many instances, but they are in the interior of the States and are not in use

at the present time. They are institutions which are now fully occupied with patients, but those patients would be removed, either in part or wholly, in the event of a serious military situation.

Senator PEPPER. Where would those patients be put when removed, Doctor?

Dr. BAEHR. They would be moved into other types of buildings. Arrangements have been made for their removal so that at least a part of the structure would be available for the admission of patients transferred from a coastal hospital.

Senator PEPPER. What did England do, Dr. Baehr, in readying itself for the treatment of people who might sustain injuries from enemy attack?

Dr. BAEHR. England did just that; England established peripheral or base hospitals in relation to the hospitals of its important cities. This emergency medical service system of hospitals in Great Britain now has been developed to the point where it has four hospital beds for every one bed in the casualty-receiving hospital of the city.

Senator PEPPER. How many additional beds have been provided in England, if that might be told, Doctor?

Dr. BAEHR. I could not give you the exact figure, but the proportion is about four beds to every bed in the casualty-receiving hospitals in the cities. The beds in the casualty-receiving hospitals in the cities have decreased in number, due to the fact that many hospitals have been destroyed either partly or wholly; the upper floors are usually kept empty because of the extra hazard in the event of enemy bombing and because of the number of beds in hospitals in England which must be kept empty for the reception of casualties.

As a result, their bed census is so reduced that many patients from the cities must be cared for, even those with the ordinary illnesses, and operations which would require hospitalization in a city hospital under ordinary circumstances are now being cared for in the emergency medical service hospitals on the periphery.

Senator PEPPER. They did not build any new hospitals in England?

Dr. BAEHR. They did, a great many. They built semipermanent structures, usually one story, and added them to some of the permanent institutions, such as mental hospitals, which they took over as emergency medical service hospitals.

In some instances a base hospital is entirely composed of new semipermanent construction.

Senator PEPPER. Notwithstanding the fear of attack, they used critical materials and materials generally for the purpose of constructing hospitals and providing hospital facilities for that part of the population which might be subject to enemy attack?

Dr. BAEHR. They did, and many of their newly constructed hospitals have as many as 1,500 beds.

Senator PEPPER. Is there someone in the English set-up, Doctor, who corresponds to your position here?

Dr. BAEHR. Yes, sir; the Director General of the Emergency Medical Services.

Senator PEPPER. How did he get those hospitals built?

Dr. BAEHR. The people in England are really in the front-line trenches, and therefore their priorities for materials are almost equivalent to those of the Army. Of course, we are in a different situation here, where our hazard is not as great as that of England.

Senator PEPPER. Have you been one of the so-called claimant agencies, calling upon the War Production Board for an allotment of critical materials with which to build the minimum number of hospitals you think are necessary?

Dr. BAEHR. We have worked not only through the United States Public Health Service and the Federal Security Agency, but through Mr. Landis, Director of the Office of Civilian Defense, we have repeatedly requested the construction of new hospital facilities in critical areas.

Senator PEPPER. You mean you have requested that through the Public Health Service?

Dr. BAEHR. We have also requested it directly through General Fleming.

Senator PEPPER. General Fleming is head of the Federal Works Agency?

Dr. BAEHR. Yes, sir.

Senator PEPPER. If I recall correctly, Dr. Parran testified he was not consulted by those agencies of the Government which determined that you should have the material with which to allow the construction of hospitals requested to go ahead?

Dr. BAEHR. I think that is quite correct, Senator.

Senator PEPPER. So he was the petitioner but his petition did not get a great deal of answer?

Dr. BAEHR. In some instances, in order to place greater force behind our request, Mr. Landis has joined with the Surgeon General of the Navy, Admiral McIntyre, in presenting and urging the construction of such hospital facilities in critical areas to the Administrator of the Federal Works Agency.

Senator PEPPER. I get the impression, Doctor, and I would like you either to deny or confirm it, that in the planning of our policy as to hospital needs, the medical people have not either sat in at the council table or received a particularly encouraging hearing?

Dr. BAEHR. I would not be in a position to reply to that inquiry in one way or the other. I think it is true that all that the medical division of the Office of Civilian Defense has been able to do is to recommend to the Federal Works Agency through its Director that steps be taken to provide facilities; but thereafter we were no longer consulted as to how urgent was the need in comparison with some other needs for such critical materials in that area.

Senator PEPPER. And the people making those decisions were not medical people?

Dr. BAEHR. They were not medical people; no, sir.

Senator PEPPER. And evidently, at least so far as you know, the people sitting in on the decisions were not medical people; that is, there was not a man at the table who balanced off medical needs against the claim of some other fellow and said, "You must give our needs a place in this picture."

Dr. BAEHR. That is true. There may have been medical people sitting in with the War Production Board on some parts of the picture, but I do not believe that in the over-all picture, in determining the over-all need, medical people have had a proper voice.

Senator PEPPER. Now, then, Doctor, what about the necessary medical services being available to the civilian population; are there enough doctors and nurses available to the civilian population now?

Dr. BAEHR. I think that the ratio of physicians to population throughout the United States has not yet reached a critical point, but in many areas, both in target zones of the United States as well as in rural districts, the ratio of physicians to population has dropped far below a safe level.

Senator PEPPER. Well, now, Doctor, have you any suggestions as to how that situation—that condition—may be improved or alleviated?

Dr. BAEHR. I think these critical areas are well known, and the degree of deficiency in medical service is either known or can readily be determined, and that by means of proper steps some redistribution of physicians can be accomplished.

Senator PEPPER. Now, Doctor, will there have to be some agency that will have effective authority in order to accomplish that redistribution, in your opinion?

Dr. BAEHR. Yes, sir. I think it can be done in two ways: First, it can be done within States or by the medical profession of a State in such a manner that the deficiencies can be corrected, and that, of course, is the desirable method; where it cannot be accomplished promptly, some Federal agency should have the responsibility of providing the medical personnel and, if necessary, the nursing personnel, so that the community, particularly in a target area, should not be left unprotected.

Senator PEPPER. That will mean that some Federal agency will have to determine where the inadequacy of the medical service exists and then have the authority to meet that need in some effective way?

Dr. BAEHR. Yes, sir. I think the emphasis has to be laid on some authority which does not exist at the present time.

Senator PEPPER. Just as you spoke of some areas having perhaps a deficiency, Doctor, there are other probable areas where there are doctors who might be spared and moved?

Dr. BAEHR. Oh, yes; there are.

Senator PEPPER. Heretofore the distribution of doctors has been brought about by the normal forces of our economy and social system, whereas those forces are not allowed freely to operate at the present time.

Dr. BAEHR. That is right.

Senator PEPPER. In other words, the need has not heretofore been responsible solely for the distribution of doctors, and now in our effort to save and serve the people the need is going to have to be the primary thought.

Dr. BAEHR. Yes, sir. For example, a certain percentage of the young physicians who complete their internships and residences each year are ineligible for commissions in the armed forces for physical reasons. Most of these physical deficiencies are not important ones, although they are sufficiently severe to persuade the surgeons general of the Army and Navy that they ought not to be used as officers.

Yet, these young physicians can practice medicine in a civilian capacity and there is here no agency or force that could use them for this purpose.

We cannot expect these young physicians voluntarily to leave the centers of population that are oversupplied with physicians but which do provide attractive opportunities from an economic standpoint and ask them to settle in less attractive localities where they are urgently needed, and make that request without giving them some official gov-

emental recognition. I do not believe that we shall ever persuade very many of these young physicians to locate where they are needed unless some agency is enabled to take them over, just as the Army and the Navy can take over those who are completely fit physically and place them during the war in locations where they must be relocated for the protection of the public.

Senator PEPPER. In other words, they must be given recognition and the consciousness that they are rendering an emergency service for their country in time of need.

Take yourself, for example, Doctor; you left your practice and have come to perform a public service during this time and wear the uniform of your country, and you are not on a civilian assignment but military assignment and status.

Dr. BAEHR. Public Health.

Senator PEPPER. So you think these doctors should be taken into the Public Health Service, and by that service placed in the areas where they might be most needed?

Dr. BAEHR. Yes, sir; and unless that is done, I do not believe many of them will voluntarily locate in places where they are needed badly.

Senator PEPPER. I suppose if we could not meet the need in any other way, the Public Health Service ought to have authority to require men to come into its service and take the assignments they might be given?

Dr. BAEHR. Yes, sir.

Senator PEPPER. The alternative is for the civilian population not to have necessary medical care.

Dr. BAEHR. I believe that is true.

Senator PEPPER. Well now, Doctor, although this goes outside the scope of your present position, have you any suggestions to make as to how we on this committee who are interested in the most efficient use of the Nation's manpower can make our manpower resources more efficient through medical service or care, other than the suggestions you have already made?

Dr. BAEHR. I think that if the device were adopted of commissioning qualified physicians in the Public Health Service for relocation in places where the State and local medical groups have not been able to solve the problem of meeting the needs of the community, it would go very far toward solving the problem.

I think that some better use might also be made of refugee physicians than has been made of them before. Not all of these refugee physicians are qualified. Of five or six thousand refugee physicians in the United States who are graduates of foreign medical schools, only about 1,500 are licensed to practice medicine in any of the States, and most of them are in the State of New York.

Many of them who are licensed would be glad to serve in some way, and yet there is no opportunity for them to do so because of the exclusive medical practice laws, which most of the States have adopted.

A change in the Medical Practice Act, a temporary change in the Medical Practice Act, in the various States, would make it possible to use a good many of these people and also would make it possible for physicians who are willing to migrate to do so.

Senator PEPPER. Under the laws of the several States, if they are literally enforced, it is not possible for a licensed doctor to go from one State to another to practice for the civilian population, is it?

Dr. BAEHR. That is true.

Senator PEPPER. Do you know what has been done in Florida by the Medical Board?

Dr. BAEHR. Yes; and I think that is a most creditable action on their part; the question is whether it is legal.

Senator PEPPER. When I ventured to mention that matter to Mr. Paul McNutt and called it a legal irregularity, he said he had never known before that there was such a thing as a legal irregularity in the way of doing things—I mean, as an affirmative way of doing things.

So it would certainly be preferable if legislative authority, as suggested by Senator Millikin yesterday, could be devised in the several States whereby this emergency situation could be taken care of.

Dr. BAEHR. Yes, sir.

Senator PEPPER. Do you have any other suggestions, Doctor?

Dr. BAEHR. The same deficiencies, and even graver deficiencies, exist nowadays in the distribution of nursing services. Hospitals of the country are being stripped of their general-duty nurses, ward nurses. The recruitment for the armed forces, as well as for the war industries, amounts to well over 40,000 nurses a year. Perhaps a total of 36,000 are taken for the armed forces, and no one knows how many are going into the war industries.

I myself know of 1 group of 60 industrial plants that have this year engaged 1,800 nurses and 250 doctors.

Now, under those circumstances, you can readily appreciate the fact that our civilian hospitals, particularly in the target zones, where the call of patriotism may be felt very acutely because of the greater element of danger, these hospitals have been so badly stripped—their nursing services have been so badly depleted that unless something is done to accelerate and augment nurse training far in excess of what has been accomplished up to the present time, we shall, within the next 6 months of the year, find these hospitals unable to continue to give service of adequate quality.

Senator PEPPER. Doctor, is there any one Federal agency that has the authority and the money to recruit and train the number of nurses that the country and the armed services need?

Dr. BAEHR. The Public Health Service has been given a limited amount of funds with which to assist hospitals in augmenting their nurse-training programs.

Senator PEPPER. That means the hospitals take the initiative in the selection and acquirement of nurses?

Dr. BAEHR. Yes, sir.

Senator PEPPER. Instead of the Public Health Service, or some over-all Federal agency getting the requirements or needs, or bill of materials, as they say in dealing with critical materials, and starting out to supply those needs by furnishing an adequate training program?

Dr. BAEHR. I believe if adequate funds were available, however, the hospitals of the country would be prepared to undertake a program, an augmented and accelerated program of nurse training that would fill the need. They cannot do so without a great deal of assistance.

Senator PEPPER. Are the funds that are now appropriated available for paying these nurses during the period of their training, as far as you know, Doctor?

Dr. BAEHR. Those funds have only been made available to assist hospitals with the training of that number of nurses which is above the normal peacetime quota of the hospitals.

However, the situation has been complicated by the fact that young women who otherwise might enter the nursing profession are being attracted into other fields of work in industry.

Senator PEPPER. Suppose we applied the same principle you mentioned for doctors, and suppose these young women were taken into the Public Health Service and were to wear the uniform of the Service and were commissioned so that they had a sense of being in the Service, just as you have, Doctor.

Do you not think that would attract a lot of them, much more so than the ordinary commercial appeal of the profession?

Dr. BAEHR. That would attract a great many who are now doing private practice, but it would not help in increasing the total number of nurses available for all of these services which the war has produced.

Senator PEPPER. Then we might face the necessity of drafting women to become nurses?

Dr. BAEHR. Well, we could do that if we ever have compulsory service, universal service; but since we have not, there are other expedients that might be employed for the purpose.

Senator PEPPER. But in order to employ those expedients, some agency has got to get hold of the matter and grapple with it in such an effective way that by all of these other expedients, if not by requirement, the necessary number of people may be brought in, would it not?

Dr. BAEHR. Yes, sir.

Senator PEPPER. And so far as you know right now, Doctor, would you regard the program for the recruitment and training of nurses as being adequate to meet the needs of the country?

Dr. BAEHR. I would regard it as quite inadequate.

The Federal Works Agency also has some funds with which it can be of assistance. I believe it is necessary to look at the thing in a more comprehensive manner to determine what the total need of the country is and find the basis necessary to accomplish the objective.

Young women can be attracted into the nursing schools, the training schools, if they feel they are being summoned by their country into a war service. Right from the first day they enter the training school they should be recognized in some way by some device which they wear on their uniforms. That should apply not only to the nurses above the peacetime quota but to all nurses, let us say, since December 7, 1940, that have entered nursing.

All tuition for undergraduate nurses ought to be abolished and some Federal means might be provided so it can be abolished in training schools.

Senator PEPPER. Would you be satisfied with that without it also being provided that some fair subsistence be allowed while they are taking their training?

Dr. BAEHR. They ought to receive maintenance and laundry and some small compensation.

Senator PEPPER. What I am thinking about, Doctor, is if a worker goes into an airplane factory or into a shipyard as an apprentice, if I understand the practice clearly, they begin to draw compensation

from the time they go on the job as learners, and I do not think nurses are any less dignified or important.

Dr. BAEHR. I think that would make a great deal of difference.

Furthermore, I think it should be possible to use any nurse who has completed 1 year of training as a practical nurse if she wished to undertake employment after that 1 year of training, and with qualifications for admission to schools being identical, if she so desired, after her practice as a practical nurse, she could resume her training with that full year credited toward her training as a registered nurse.

The second year of nurse training might be made so attractive that the large majority of those who had completed the first year would continue on to complete their nurse training. All of the basic nurse training could be completed in those 2 years. The League of Nursing Education has provided a curriculum which would be perfectly satisfactory.

In the third year the nurses could leave the training-school facilities so they could accommodate more nurses in training than they previously have, and in that third year the nurse could be known as a cadet nurse on full salary, and do general ward duty under supervision.

In that way the civilian hospitals of the country could have a pool of so-called cadet nurses who, during the war, could be employed to take the place of the general-duty nurses, who are now leaving or have already left for the armed forces or for industry.

Senator PEPPER. Doctor, if after the war we go into a program which in a proper way will give adequate medical service to the people of this country, we will need all the nurses who desired to stay in nursing service anyway, will we not?

Dr. BAEHR. Yes, sir.

Senator PEPPER. Senator Millikin, do you care to ask any questions of Dr. Baehr?

Senator MILLIKIN. I was going to ask you, Doctor, what is the cooperation of the local authorities in connection with your program? What are the local communities and States doing in the way of constructing hospitals and trying to solve the nursing problem, for example?

Dr. BAEHR. As far as the construction of hospitals is concerned, there is none because they cannot obtain critical materials, not even to add an extra story or to do anything on their own.

Senator MILLIKIN. Most of our hospitals operate on pretty tight financial schedules, and so if they were to undertake the training of a large additional number of nurses on a pay basis, there would have to be some sort of an aid program developed; is that not true, Doctor?

Dr. BAEHR. Yes, sir; and I think that should be—the assistance to hospitals—should be on the basis of the total number of nurses they are training, and not dependent solely upon the number above the peacetime quota.

I think you cannot distinguish between those nurses and all of the rest. They all must be treated equally because we will, in the next 6 months or a year, I venture to predict—we will experience greater and greater difficulty in recruiting young women to enter the nursing

profession unless we do something now. The time to do it is now, before we get into this decline, and if we do not do it now, it will soon be too late.

Senator MILLIKIN. Doctor, will it not be advisable to sort of make this training course a little more compact and get it through with a little sooner, for war purposes?

What I mean is to develop a group of young women who are going into the service, not to be nurses permanently but to be useful during the war. We have our quickie courses in the Army, and while they do not achieve direct results they do meet a practical problem. Could you not do the same with nurse training?

Dr. BAEHR. Yes; we certainly could give complete nurse training in 24 months instead of 36 months.

Senator MILLIKIN. Without pretending to have any special knowledge of the subject, it seems to me that a considerable part of the normal nurse training is devoted to what we might call slavery work, and that sort of thing, which, it seems to me, might perhaps be eliminated for the purpose of training war nurses.

Dr. BAEHR. Unfortunately, Senator, as the war progresses, more and more of that slavery type of work is being added to the nurses' responsibilities because of the difficulty which hospitals are experiencing in keeping their other employees, hospital employees.

The general hospital personnel—the maintenance of an adequate hospital personnel presents great difficulties because of the fact that these people are ordinarily poorly paid, and even though hospitals are now paying in many instances double the salaries they had been paying, still they cannot compete with the war industries. There are hospitals that have had a turn-over of two or three hundred percent in their ordinary hospital personnel in the course of a year, and that adds extra burdens on the trained nurse.

We have tried to meet that as far as the Medical Division of the Office of Civilian Defense is concerned by cooperating with the American Red Cross in the training of volunteer nurse aides. Up to the present time about 60,000 have been trained or are in training, and as volunteers they have done a remarkable service in helping to keep the hospitals going. We hope in the next year another 100,000 will be trained.

These are volunteers who work part time, a certain number of hours per day.

The maintenance of adequate hospital service will depend upon a greatly augmented and accelerated nurse-training program, the shortening of the course in the manner you indicated, the possibility of permitting your women after the first year of nurse training to be engaged as practical nurses, and for all of that the hospitals will need assistance.

Senator MILLIKIN. Going back to the testimony on the practice in England, I have read several times that the casualties have never approached the provisions that were made for casualties in England; is that correct?

Dr. BAEHR. That is correct.

Senator MILLIKIN. They really have a surplus in provisions for casualties there?

Dr. BAEHR. Yes; they reduced much of that surplus after the first year of the war. They did build up too much in the first year and they have reduced it since that time.

Senator MILLIKIN. I assume that if England were invaded, of course that would add an enormous new load beyond any bombing expectations that were figured on, and might call for reestablishment of hospital and other facilities that were originally contemplated.

Dr. BAEHR. You are quite right, sir.

Senator MILLIKIN. Now, under your plan of moving casualties into your base hospitals in the target areas and evacuating part of the people who are in hospitals, where do you evacuate those people?

Dr. BAEHR. Into other institutions that are available.

Senator MILLIKIN. Further inland?

Dr. BAEHR. Further inland; yes. It is always possible in a mental hospital, in an emergency, since the mental hospitals are very large in some parts of the country, to allow some of them to return home, those who are well enough to do so, and to place others into other mental hospitals, even though it might temporarily mean overcrowding.

Senator MILLIKIN. In other words, although it may not be desirable, there is an enormous amount of improvisation which is possible in a situation of that kind?

Dr. BAEHR. Yes; and we hope to take advantage of it.

Senator MILLIKIN. Aside from the construction of the hospitals, Doctor, has there been a sufficient supply of bandages and medicines, and things of that kind, to meet your particular problem?

Dr. BAEHR. Yes; Congress has appropriated some funds which are available to the Office of Civilian Defense, and of that amount about \$5,000,000 is available to the Medical Division with which to provide emergency surgical kits of various kinds for emergency field work, but no funds are available with which we can assist hospitals directly, except in the provision of beds, mattresses and cots.

Senator MILLIKIN. Would it interfere with the established rhythm of the Public Health Service if you were to commission a large number of young doctors who, for health reasons, are not eligible for conscription, and a large number of nurses, along the lines we have been discussing; would such new bodies of medical ability and nursing ability fit in with the organization all right?

Dr. BAEHR. It would fit in with the organization, I presume, but some difficulties would arise in the field in communities in which it would be necessary to place these doctors and nurses. Of course, that could be done in such a way as to disturb the local nursing and medical professions as little as possible.

Senator MILLIKIN. Have you visioned the financial features of that sort of arrangement; let us say you assign a young physician to the town of Squeedunk and he goes there in uniform, and we have State laws which permit his assignment there. Would he charge the regular fees or would he render his service for nothing?

Dr. BAEHR. He would be working on salary as a Government employee. There are two ways it could be done: He could be working on salary as a Government employee and the fees that would be charged to patients who are gainfully employed might be diverted into some public purpose.

Senator MILLIKIN. Credited back against his salary perhaps?

Dr. BAEHR. Yes. The other possibility is he might be commissioned and kept on inactive status and not necessarily wear a uniform, and be asked to locate in a community as a private practitioner.

Senator MILLIKIN. It has been brought out again and again in these hearings, Doctor, that the younger doctors develop a sociological reluctance to stay at home and not be in uniform, through community pressures of various kinds that come on them, and there have been a number of suggestions, such as the use of insignia or uniforms. Do you think something of that kind is entirely practical?

Dr. BAEHR. Yes; we have in the Public Health Service gone far in that direction in the organization of many doctors in the coastal States into affiliated hospital units. These affiliated hospital units are analogous to the affiliated hospital units which were organized from the staffs of civilian hospitals for war service, as general military hospitals, except they are smaller.

They constitute a balanced organization of 15 physicians, surgeons, and laboratory workers—and the members of these affiliated hospital units are given commissions in the Public Health Service and retained on an inactive status for the duration of the war, unless it should be necessary to activate them because of an attack upon our coast.

In such event they can be called to duty and be moved back to one of these base hospitals, where they will supplement the staff of the hospital and serve in uniform and receive the pay, rank, and allowances equivalent to that of an officer in the armed forces.

Senator MILLIKIN. I want to meet that quorum call and I will be back in just a few moments, Doctor.

Dr. WEBER. Shall I proceed?

Senator MILLIKIN. Yes.

Dr. WEBER. As I understand you, in the civilian defense, you have been primarily concerned with health needs in target areas.

Dr. BAEHR. Yes.

Dr. WEBER. I want to inquire about the relationships of O. C. D. to the several Federal agencies that are dealing with health questions.

First, I want to ask what your relations have been with Procurement and Assignment Service. Let us say, for example, that you believe the health needs at a given target area, let us say the Hampton Roads area, require the services of a certain number of physicians. What do you do then to see to it that those physicians are there, and how does the execution of that bring you into contact with Procurement and Assignment?

Dr. BAEHR. All that we do is to bring the need to the attention of the Surgeon General of the Public Health Service and the Administrator of the Federal Security Agency. The contact with Procurement and Assignment is through the Public Health Service.

The Medical Division of the Office of Civilian Defense is in effect a branch of the Public Health Service which is transplanted into the O. C. D. in order to carry out the necessary operations of the Medical Division.

Dr. WEBER. Now, did the Procurement and Assignment Service, when it allotted State quotas, consult O. C. D. before those quotas were assigned?

Dr. BAEHR. No. It consulted the Public Health Service, I believe.

Dr. WEBER. Now, the local bodies of Procurement and Assignment, when they decide which doctors are essential and which are nonessential, do they consult the local office of the O. C. D.?

Dr. BAEHR. They have not up to the present time, but in the future I believe it is planned that the regional medical officer of O. C. D. will sit in the conferences that are about to be called in the various regions of the country in order to undertake a resurvey and replanning of the distribution of medical care.

Mr. WEBER. Do you find that the needs which the O. C. D. believed to exist for medical personnel in the target areas have been ignored by Procurement and Assignment local bodies in their classification of the essential and nonessential medical men?

Dr. BAEHR. I do not believe they have consciously ignored it. They felt that the recommendations concerning these needs were coming from us to them through the Public Health Service.

For the armed forces in some places, particularly in the first part of the last year, they undoubtedly encouraged the removal of some doctors from critical areas who should never have been permitted to leave.

However, there was, as you know, great difficulty experienced in securing the adequate number at first that the Army and Navy required, and that was given first consideration. I think that hereafter we will find quite a different attitude on the part of the Procurement and Assignment Agency.

Dr. WEBER. Your feeling is that the break-down of the State quotas in terms of the local physicians that should be withdrawn has been done in the main without regard to an over-all plan for medical needs in critical areas, such as target areas?

Dr. BAEHR. That was true in some of the target areas.

Dr. WEBER. Could I ask what your relationships are with the Public Health Service?

Dr. BAEHR. I hold the rank of Medical Director in the United States Public Health Service Reserve, and I have been assigned by the Surgeon General to the Office of Civilian Defense as the Chief Medical Officer.

Dr. WEBER. I mean more specifically the relationships of O. C. D. in the field of medicine to the Public Health Service; do you advise the Public Health Service and do they execute the plans which you have stated to be desirable?

Dr. BAEHR. Where a deficiency in medical personnel is recognized by us or our staff in a target area, we call it to the attention of the Surgeon General.

Dr. WEBER. Then what happens?

Dr. BAEHR. That is usually done through me directly, or through the Director of the Office of Civilian Defense, or he may do it directly to the Administrator of the Federal Security Agency.

Dr. WEBER. But once you have called it to the attention of the Surgeon General, what does the Public Health Service then do; does it act upon your recommendation?

Dr. BAEHR. It endeavors to do so.

Dr. WEBER. Has it done so in the main?

Dr. BAEHR. It has always endeavored to do so but has been handicapped by the lack of power to accomplish the necessary relocation.

Dr. WEBER. Does the Office of Civilian Defense have direct connection with the State medical services, public-health services?

Dr. BAEHR. The Medical Division of the Office of Civilian Defense, I might explain, works through regional medical officers who have a staff in each region; as well as regional sanitary engineers. They transmit the recommendations of the Office of Civilian Defense in regard to the planning and organization of the protection services to the State and local defense councils. In that way we also have a direct relationship to medical and dental and nursing organizations, national, State, and local.

In 20 of the coast States, the State chief of the emergency medical service is commissioned as an officer in the Public Health Service, so that he is a Federal agent directly in line of transmission of authority into the States, and the hospital officer in many of these States has been designated and appointed in the Health Service, though usually not as a commissioned officer.

So the plans we are preparing for the care of civil casualties in the event of enemy action are carried down very easily and smoothly from the regions into the States and down to the localities.

Dr. WEBER. That is, you have direct contact through O. C. D. with your regional medical personnel, and they inform the State defense council on which the State's public-health service will have a chief?

Dr. BAEHR. The State chief of emergency medical service.

Dr. WEBER. So in addition, you transmit your recommendation to the United States Public Health Service and they in turn transmit it to the State public-health service, and you attempt to avoid that duplication by having your people in each State work very closely with the Public Health Service?

Dr. BAEHR. Yes; the United States Health Service has district directors in all parts of the country, and they handle all of the regular problems of health in relationship to State and localities except those which fall within our province. The distribution of medical care is the function of the district office, and the Medical Division is concerned only in the event it is inadequate to protect a community in a war-connected catastrophe.

Dr. WEBER. May I ask what your relationships are to the Office of Defense Health and Welfare, of which Mr. McNutt is the head?

Dr. BAEHR. The United States Health Service is part of the Office of Defense Health and Welfare Service, and since we in the medical service of O. D. T. are really a branch of the Public Health Service, I act directly under the jurisdiction of two directors, the Director of the Office of Civilian Defense and the Director of Defense, Health and Welfare Service.

In other words, I straddle two Federal agencies in order to accomplish the work which the Medical Division is expected to do.

Dr. WEBER. Is it not really a tripod arrangement, because, as you indicated, you are also a branch of the Public Health Service?

Dr. BAEHR. But that is directly under Mr. McNutt.

Dr. WEBER. But you can receive orders from the Surgeon General, from Mr. McNutt, in charge of the Office of Defense Health and Welfare, and then also from Mr. Landis, as head of the O. C. D.

Dr. BAEHR. Actually, however, I receive assistance from all three and I am in a position to plan the program of the Medical Division, subject, of course, to their approval.

Dr. WEBER. Does Mr. McNutt's Office of Defense Health and Welfare Service have regional offices?

Dr. BAEHR. They have regional offices; yes.

Dr. WEBER. Do they estimate medical needs and health and welfare needs and do they transmit them to the regional officers, who in turn transmit them to the State and local defense councils?

Dr. BAEHR. They may, but the responsibility of the regional officers of the Defense Health and Welfare Service does not overlap significantly those of the United States Public Health Service district directors.

Dr. WEBER. How do you distinguish these three agencies, all of whom are concerned with health and have regional offices and have direct contact with the States; what is the line of division between jurisdiction on the one hand and actual field operations on the other?

Dr. BAEHR. The Office of Civilian Defense, of course, is concerned with the setting up within the States and localities of an organization which would enable them to protect themselves. Their protection services are created out of existing facilities augmented by training programs and additional equipment, and so forth.

None of that activity, of course, is the concern of the Office of Defense Health and Welfare Service, even in the medical field. The only overlapping comes in the purely health field. There the local civilian defense councils which have been set up as part of the program of the Office of Civilian Defense, serve as the local machinery for carrying into effect not only the program of the Office of Civilian Defense but the programs of any other Federal agency.

For example, it may be an agency in relationship—it may be the collection of scrap metal. It is handed down to the local defense council by the Office of Civilian Defense. We are responsible for the machinery and the working of it, but the entire program is not always our own.

Senator MILLIKIN. I believe you stated a while ago, Doctor, your service is advisory and, to a certain, inspirational.

Dr. BAEHR. Yes, sir.

Dr. WEBER. In a local area, with the medical facilities, doctors and nurses, the problem of handling the medical situation there is the proper use of the doctors, nurses, and facilities, and your office advises on how the facilities, doctors, and nurses in that area might be organized to carry out a protective function.

Dr. BAEHR. Yes.

Dr. WEBER. What does the Office of Defense Health and Welfare have to say about the way in which the facilities, doctors, and nurses are to be used in an area, and what has the United States Public Health Service, or State public health service, have to do with the way doctors, nurses, and facilities are to be used in that area?

Dr. BAEHR. As far as emergency medical service is concerned, that is our responsibility, and not of the Office of Defense Health and Welfare or the Public Health Service. As far as purely health functions, normal sanitation, and health education, maternal, and child-welfare programs are concerned, those are the responsibility of other Federal agencies.

They are the responsibility of the Office of Defense Health and Welfare Service, which combines the Federal Security Agency and

all of its component parts, and even the Children's Bureau of the Department of Labor.

Dr. WEBER. I understand that, Doctor, but I am interested particularly in what they do in regard to health which the United States Public Health Service does not or cannot do.

Dr. BAEHR. You are asking me, then, what does the Office of Defense Health and Welfare Service do in health work which the Public Health Service itself could not do?

Dr. WEBER. That is right.

Dr. BAEHR. I do not think there is anything it could not do. The O. D. H. W. S. does carry on some special activities, such as carrying along nutrition programs, and it does have a section of social protection, a policing function distinct from other aspects of the control of venereal disease.

Dr. WEBER. Would you say the experience of the last year has demonstrated that you cannot separate the planning for protective health functions from the provisions of any other health needs in the area? I take it from your testimony that "procurement" and "assignment" has somewhat cut across your own plans for protective health work in the areas.

The result has been, has it not, that most of the agencies that reach down from the Federal structure seem to cut across each other occasionally and they trip over each other's feet and work at cross purposes; you advise on the local needs and transmit it to the Public Health Service and to the State defense council and they transmit it to the State health service, only to discover that Procurement and Assignment, without advice from you, has proceeded to withdraw doctors from critical target areas, making rather difficult the operation of the protective service that you have decided is needed in case the area is subject to attack. It is not true that the experience of the past year has shown that the various aspects of health in target areas cannot be separated from each other and cannot be handled by separate agencies which are uncoordinated?

Dr. BAEHR. I would concur in your statement except insofar as the setting up of protection services is concerned. Even there I would say that the Medical Division of the Office of Civilian Defense could operate just as well within the Public Health Service as it now does, except that there is a real advantage in our being in the O. C. D. and related to all other protection services. We have to work in harness with them.

For example, we cannot set up a program for emergency field service in a community that is not related to rescue, fire, police, and other parts of the protective program. Therefore, we have an advantage in having our Division physically in the O. C. D.; we have the advantage of being tied together with them in a comprehensive protection program; but otherwise we could work just as well from within the Public Health Service.

Dr. WEBER. I wanted to call your attention—

Senator MILLIKIN. May I interrupt, Dr. Weber?

Dr. WEBER. Yes, sir.

Senator MILLIKIN. I would say that the State councils of defense might pay a whole lot more attention to you as a member of the national O. C. D. than if you communicated with them as a part of the Government not directly connected with civilian defense.

Dr. BAEHR. That is quite right, sir.

Dr. WEBER. I would like to call your attention to section 2 (b) of the Executive order setting up the O. C. D. This is printed in the Federal Register of April 22, 1941:

Keep informed of problems which arise from the impact of the industrial and military defense effort upon local communities and take necessary steps to secure the cooperation of appropriate Federal agencies and departments in dealing with such problems and in meeting the emergency needs of such communities.

As I understand it, the O. C. D. has limited itself primarily to the protective function in target areas.

Dr. BAEHR. No, sir; it has a mobilization branch which has served to secure citizen understanding and citizen participation in all types of war effort, and that part of its program is probably just as important, or even more important at the present time, than the protection branch.

Dr. WEBER. I was speaking particularly to the medical effort. You have limited yourself primarily to the target areas; is that correct?

Dr. BAEHR. We have not entirely limited ourselves to target areas. We have concentrated on target areas. We have only limited ourselves to target areas in the provision of equipment and assistance.

Mr. WEBER. So, in section 2 (b) where it says:

Keep informed of problems which arise from the impact of the industrial and military defense effort.

Dr. BAEHR. That is included in the target areas.

Dr. WEBER. Let us take Denver, Colo., which is an industrial area necessary to the war effort. In that area, O. C. D. has the authority under the Executive order to step into a medical problem in that area and take the necessary steps to secure the cooperation of the appropriate departments and agencies in dealing with such problem.

Dr. BAEHR. The wording of the Executive order might be interpreted that way, but it has not been.

Dr. WEBER. I understand. I am rather curious about the Executive order. There is a plethora of Executive orders in Washington.

Senator MILLIKIN. At the time that order was put out there was considerable confusion as between the exact function of O. C. D. and State councils. In the early stages it was felt O. C. D. could go into a State and do things directly, whereas later, as it now developed, while the O. C. D. did have the function of counseling and advising, it had to work through State councils of defense.

There was a time when the O. C. D. communicated directly with each town in the United States and that brought about a condition of unbelievable confusion. That was in the era when O. C. D. thought it had direct power in the States in such matters.

Dr. WEBER. I believe that was during Mayor LaGuardia's period in office, in which he thought of the O. C. D. as being similar to services of that kind in England, where they have a completely national agency and go direct from the national agency to the community, and Mr. Landis, when he came in, insisted on regional officers going to State officers and State officers going to the communities in order that the vast network of the American Government would not be undercut in any fashion.

Senator MILLIKIN. So I assume the order you are reading from was evolved from the erroneous atmosphere prevailing at that time.

Dr. WEBER. This order set up Mr. Landis and began his era as head of O. C. D.

It would like to inquire whether section 2 (b) does not give you the responsibility to work through the regional and State defense councils and to take up the problem of health needs in industrial communities which, in all likelihood, will not be target areas.

Dr. BAEHR. The United States Director of Civilian Defense would not interpret that order as giving him that authority.

Dr. WEBER. Could I go back and read—

Senator MILLIKIN. There is nothing in the general set-up or in the order which would prevent counseling by your organization on those problems.

Dr. BAEHR. There would be too many Federal agencies given the same authority if we interpreted the order as giving us that authority. We prefer to merely make our recommendations and transmit our observations on things that interfere with our activity to the appropriate Federal agency primarily responsible in securing a correction.

Dr. WEBER. I would like to read the first paragraph of the order, or one phrase from it:

To assure effective coordination of Federal relations with State and local governments engaged in defense activities.

In other words, it would seem that the concept under which this order was written envisaged that the O. C. D. would insure effective coordination of Federal relations with State and local governments.

Previously in your testimony you indicated that the Office of Defense Health and Welfare seemed to be fulfilling the function of coordination of one type or another of Federal activities in relation to the State and local governments, and, similarly, the O. C. D., in this Executive order, is charged with insuring the effective coordination of Federal relations with State and local governments.

Now, it has occurred to me that these two organizations basically are the same in function, and I want your opinion on that.

Dr. BAEHR. Only on one point are they the same, and the confusion would not have arisen if the Medical Division of O. C. D. had been set up as an entirely separate thing from the United States Public Health Service; then we would have seen two parallel medical agencies going into the field and interfering with one another; but because we are a branch of the Public Health Service, our parallel functions in that field do not interfere with the normal jurisdiction of the Public Health Service.

Dr. WEBER. In order to do a job you have to have an operating mechanism. In the field of public health, that is the United States Public Health Service. So we have two agencies that are coordinating and stating needs or plans to the Public Health Service, the Office of Defense Health and Welfare and the O. C. D.; would that be a fair statement?

Dr. BAEHR. Yes.

Dr. WEBER. So we have two coordinations of one operating agency.

Dr. BAEHR. But of course the Public Health Service is part of the Office of Defense Health and Welfare Service.

Dr. WEBER. Yes. It has occurred to some people on the Hill that it might be a desirable thing if the various Federal agencies that have anything to do with mobilization, whether it be scrap collection, blood

banks, bond sales, provision of health service, housing, community facilities, and everything which requires the mobilization of a community to obtain, that there should be one single plan for that field and that the Federal agencies that are undertaking to do piecemeal and sometimes conflicting jobs on these various aspects of community mobilization, that those agencies should be pooled together under one head so that the plan of the work to be done should be one plan and one coordination and one agency, one operating agency down the line, public housing, community facilities, health, and all of the rest, item by item, that those things will mesh together and we do not have an endless horde of Federal people advising each other, you advising Mr. McNutt, Mr. McNutt advising Dr. Parran, Dr. Parran advising Mr. Landis and Mr. Landis advising Mr. McNutt—so that we do not have a circle of advisers but one knit organization going down the line.

What would be your impression of the need for such an over-all office of community mobilization?

Dr. BAEHR. I think you need different organizations to exercise different functions. The Federal Government requires only one coordinating wartime agency to set up and work with the State and local defense councils, who constitute the State and local machinery for carrying out the program of citizen understanding and citizen participation which we call the mobilization program.

I think simplification in that direction would be desirable. That agency should be the channel of transmission of advice for all other Federal agencies; it would get them a local hearing and help them put their programs across; it would work them into the picture. But you could not have one agency of Government, without a tremendous bureaucracy, carrying out all of the functions of the various operating agencies.

Dr. WEBER. Perhaps my meaning was not clear. You would agree that the provision of housing facilities, health facilities, day care for children—you would agree that those things are tied together and you would agree that they should go hand in hand?

Dr. BAEHR. Yes.

Dr. WEBER. So that a coordinating agency for all of the Federal groups engaged in this work should not have simply an advisory capacity, should it?

For example, if Mr. McNutt had this function of advising the Children's Bureau what to do about the care of children, they would take his advice and file it in file 46 (a) and go ahead with their program. The housing people would file it in file 826 (b) and go ahead with their program as they see fit.

Is advice sufficient in terms of tying together of Federal functions which are, as you have indicated, inseparable?

Dr. BAEHR. Of course, there cannot help but be observations made by different agencies with parallel but not identical interests which they would have to transmit to another Federal agency for action. That frequently takes place, I presume. I think the Director of the Bureau of the Budget has very wisely determined that where one agency has been assigned the specific responsibility and another agency a broad responsibility that might cover the same thing, the agency with the specific responsibility is to carry out the work, the other standing

back and merely giving its advice but not being responsible for carrying out the program.

Dr. WEBER. What we have today is that each operating agency is responsible for its own program. We do not have a coordinated program in relation to community needs at the present time; there is not one policy or one policy-determining head or body for all of the operating agencies that deal with community needs.

Dr. BAEHR. Except insofar as the functions of the Federal Security Agency are concerned; some of those functions, as far as women and children are concerned, are in the Children's Bureau of the Department of Labor.

Dr. WEBER. So that policy determinations do not lie with the Federal Security Administrator; he can only advise.

Dr. BAEHR. I would think they should.

Dr. WEBER. You would agree there should be one policy-determining head for all of the interrelated aspects of community mobilization?

Dr. BAEHR. One has to distinguish between the operating agencies—

Dr. WEBER. And the policy agency.

Dr. BAEHR. The Federal Security Agency is an operating agency. It also sets policy in accordance with governmental practice. The Office of Civilian Defense is something quite different; it is not an operating agency.

Dr. WEBER. Would you agree with me that the American public is quite confused about exactly who is who and what is what in the field of mobilization?

Dr. BAEHR. I think the American public understands that the Office of Civilian Defense and its State and local defense councils are responsible for mobilization. It may be confused about the function of the Office of Defense Health and Welfare Services because that term seems to conflict with the Office of Civilian Defense.

If, instead of the term "Office of Defense Health and Welfare Services" you speak of the Federal Security Agency and its component parts, then the public will understand that there is no conflict between it and the Office of Civilian Defense.

Dr. WEBER. I think that is all.

Senator MILLIKIN. Doctor, I think this is perhaps out of your line, but if agreeable I should like to have your opinion, notwithstanding.

We have had some testimony to the effect that the Army is hoarding doctors; that it calculates at too many doctors per 1,000 soldiers. I simply want to ask, is there not a statistical basis from the battle experience so far in this war from the various combat zones and possibly a background of experience from other wars, from which it could be determined whether or not the Army is hoarding physicians?

Dr. BAEHR. I think there is, but the only people who would have that experience would be the Army.

Senator MILLIKIN. Yes. I want to say I do not associate myself at all with that charge; I simply do not know and hope that before we get through with our hearing that we can have a factual basis for the Army's medical manpower requisitions.

I thought in the course of your experience you might have had some dealing with that.

Dr. BAEHR. No. We have nothing comparable in the British experience because in Great Britain, as you know, military casualties are cared for in the emergency medical service hospitals—not all of them, but a large part of them. So that there is nothing comparable.

The British have less than 4 doctors per 1,000 troops, but standards of medical care and tables of organization, with different distances to the home base, are quite different.

So I do not think any of us are in position to place any comment upon the present ratio of physicians to military personnel in this country, except insofar as the surplus of the military personnel within the continental limits of the United States is concerned.

Senator MILLIKIN. I should be quite surprised if the Surgeon General, for example, did not have a factual basis and a predication basis for his medical manpower requisitions.

Have we had any testimony on that before the subcommittee, Dr. Weber?

Dr. WEBER. Not, yet, Senator, but I think Senator Pepper is planning to have the Surgeon General here.

Mr. ROBACK. In line with Senator Millikin's question, Doctor, is it contemplated by the O. C. D. that in the case of emergencies in target areas, medical personnel now in the armed services will be utilized for civilian care?

Dr. BAEHR. No. No provision of that sort has been made because we have no assurance that military personnel will be available at that time. Our plans are based entirely upon the doctors and nurses that are now in those communities and in neighboring communities.

We have set up mutual agreements between communities which make it possible to exchange facilities, one community with another, through our State offices.

There is no doubt in our minds that we will be able to use the Army and Navy doctors and nurses if a great catastrophe arises. The surgeons general of the Army and the Navy have assured us that they will place such medical and nursing facilities at our disposal in that event. We cannot count on them, however, in making our plans.

Mr. ROBACK. Just one other question. You indicated in your testimony that we face the prospect of a serious shortage of nurses. Dr. Parran, testifying previously, said that on the basis of the training program for nurses now in operation, that the situation in regard to nurses will be satisfactory. Do you concur in that statement of the case?

Dr. BAEHR. I do not know just exactly what he said, but I would say that the number of additional nurses being attracted to the training schools at the present time is not adequate to meet the needs of the country for the next 2 years.

Mr. ROBACK. May I read one or two sentences from that testimony. Dr. Parran stated:

Essentially, we think the nursing needs will be met. Those needs will be met by the training in the nurse training schools of 65,000 to 75,000 new students next year, and 50,000 to 60,000 this year.

His subsequent testimony was to the effect if the program rounded out by hospitals is carried through, there will be no shortage of nurses.

Dr. BAEHR. That is a large "if." I do not believe the increase in enrollment in training schools will take place as predicted, for very good reasons.

The health and medical committee of the Office of Defense Health and Welfare Services has approved of a training curriculum which envisages the reduction of the total period of training of nurses from 36 months to 24 months. That will make it possible to increase the number of young women in training schools by one-third, but I do not believe, unless something more is done than has been done up to the present time, we will secure anything like that enrollment.

Furthermore, the hospital wards are being stripped of nurses. In the municipal hospitals of New York City there are now 1,800 vacancies that cannot be filled with nurses; they are just not there to employ.

Senator MILLIKIN. Doctor, may I pursue this line of inquiry just a little bit further? Among the laity we speak of a certain category of nurses as practical nurses capable of performing some elementary nursing service. Is there any merit in developing a large school of practical nurses and give them a real quickie course, let us say, a 3 months' course?

Dr. BAEHR. I would much prefer to see nurses who are undergraduates who have completed their first year privileged to go out and practice as practical nurses. That would immediately give us a great deal more space in the training schools for more people and would give us the type of person who in quality of nursing service is really worth having. Also it will keep the basic pre-nursing educational requirements at a certain level; it will make it possible for these practical nurses to go back some time after the war, when they are less urgently needed, and complete their nurse training so that they can qualify for better positions, rather than to have an entirely practical nurse-training program, which could only attract women of inferior educational standards; and when they come into our hospitals they will, as they replace the trained nurses, lower the standards of nursing care very severely.

Senator MILLIKIN. I can see very readily where a practical nurse would have to operate in a limited field, and there might be some administrative difficulty in coordinating the trained nurse with the practical nurse; but, considering the exigencies of the time, the thought occurred to me perhaps we are setting up a highly desirable program but perhaps too idealistic under the pressure of time.

Dr. BAEHR. If you could turn out in 1 year those who had finished 1 year, or about to finish a year, you could get a great many practical nurses immediately of a property caliber, if that could be done. They would serve us much better and be capable of carrying on much more responsible activities than a person of inferior education who has only had a few months' training. Those people are the ones who should go into industry. It is only the inferior ones who would go into that type of practical nurse training.

Senator MILLIKIN. It occurred to me there might be a very large class of married women who are so situated they could be available for emergency service and who would be willing to take, let us say,

a 3 months' course, more extensive than the Red Cross training that is being given to them, who would not be inferior talent.

Dr. BAEHR. Oh, yes; very much like our volunteer nurse aides.

Senator MILLIKIN. Yes.

Dr. BAEHR. Quite a few of the women who have trained as volunteer nurse aides have proved to be so valuable that in some parts of the country they have been employed on a 6- or 8-hour-day basis, and we have encouraged that as one means of assisting hospitals in getting some sort of nursing service. That should be developed and extended, I believe.

Senator MILLIKIN. Have you any further observations you wish to make, Doctor?

Dr. BAEHR. No, sir.

Senator MILLIKIN. We are very grateful to you for having appeared before us.

We will meet at 2 o'clock and we will have the testimony of Dr. Mountin and Dr. Latham of the Procurement and Assignment organization.

(Whereupon, at 1:10 p. m., a recess was taken to 2 p. m. of the same day.)

AFTERNOON SESSION

(Pursuant to adjournment for the noon recess, the committee reconvened at 2 p. m.)

Senator MILLIKIN. The committee will come to order.

Dr. Mountin, will you come forward and take the chair, please, and state your full name, occupation, and such information as you think we should have to better appraise your testimony.

STATEMENT OF DR. J. W. MOUNTIN, ASSISTANT SURGEON GENERAL, UNITED STATES PUBLIC HEALTH SERVICE

Dr. MOUNTIN. My full name is Joseph W. Mountin; I am assistant Surgeon General in the United States Public Health Service. I am in charge of the States Relations Division; that is the Division that conducts the various activities of the Public Health Service in relation to the State and local health activities.

Mr. Chairman, I have prepared a statement here which I will be pleased to read, if I may.

Senator MILLIKIN. We will be glad to have you read it, Dr. Mountin.

Dr. MOUNTIN. By way of preface, I should like to say that I have reviewed some of the testimony already presented to this subcommittee regarding the medical manpower shortage. This review was sufficient to convince me that the committee is not only well informed concerning the nature and extent of the problem, but that it is also aware of its urgency. Therefore, I shall limit my statement to a discussion of ways and means of alleviating some of the more urgent instances of need.

I believe that the problem involved in supplying medical manpower to depleted areas can best be illustrated by reviewing the experience of the United States Public Health Service in attempting to provide at least a measure of relief to some of the most seriously affected areas. I should like to cite four specific communities.

The first is Valpariso, Fla. In 1940 this village and the surrounding territory had a population of about 2,500. There was not a doctor or dentist in the locality. By the beginning of 1942 the civilian population of the area had increased to about 6,000 as a result of the establishment of an Army flying field.

Despite the increase, no physician or dentist appeared on the scene to take care of the people's medical and dental needs. Finally, the situation became so intolerable that the commanding officer of the air base took the matter up with the United States Public Health Service and requested that some remedial action be taken.

Thereupon, the Public Health Service expressed its willingness to assign two of its Reserve officers to the community—one physician and one dentist. This might seem to have been a relatively simple and straightforward procedure, but actually it was not. Before it could be done, certain investigations had to be made and several agreements and clearances had to be effected.

The only way in which the Public Health Service could provide such assistance was on the basis of its broad authority to cooperate with State and local health agencies in matters involving the public health. Therefore, it was necessary for the State health officer to initiate the request for assistance. The State health officer, however, did not feel warranted in taking such action until he was assured that it would meet with the approval of the State medical society, the State attorney general, the State chairman of the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians, the State boards of medical and dental licensure, and the State defense council.

Accordingly, contact was made with the various agencies and groups involved. A search was made for a physician and dentist licensed to practice in Florida, who would be willing to go to Valpariso and set up offices. None, however, could be found. Next, the possibility of granting a temporary license to an out-of-State practitioner was raised, but it was found that temporary licensure was contrary to policy.

The president of the State medical society was consulted, but he could offer no solution. The same was true of the State chairman of the Procurement and Assignment Service. The State health officer, likewise, was at a loss for any method of resolving the difficulty with State or local resources.

As you can readily understand, all these clearances required time. Finally, the request for assistance was made of the Public Health Service and the doctor and dentist arrived in Valpariso. But it was then 6 months after the commanding officer of the air base had expressed alarm over the situation and called for aid.

The arrangement under which the physician and dentist are now providing medical and dental care for the citizens of Valpariso and vicinity is as follows: The Public Health Service defrayed transportation expenses of the practitioners and their families to Florida, and it pays their salaries.

The town of Valpariso assisted by finding living quarters and providing office and clinic space. The community, in cooperation with the State health department, also furnishes a clinic admitting officer, a nurse, and some of the equipment for the clinic. The individuals who receive care pay for it according to a schedule of fees comparable

to those charged by private physicians in similar localities in Florida. All persons, however, irrespective of ability to pay, are admitted to the clinic within the limitations of the available staff. The fees collected from patients are turned over to the local health department and are used to defray expenses and extend the scope of the service.

I should like to read—or to insert into the record—a report of the first month's operation of this service, as submitted by the physician in charge, and a leaflet which was distributed in the community to acquaint the citizens with the service offered.

This report, Mr. Chairman, is rather long, and perhaps, if you would rather have it inserted, that could be done rather than my reading it.

Senator MILLIKIN. I think it would be well to read that into the record.

That is the experience had down there, is it not?

Dr. MOUNTIN. In the first month.

Senator MILLIKIN. Well, read it, please.

Dr. MOUNTIN. This is a report by Dr. Furstenberg—he is the officer on duty at Valpariso—and the letter is addressed to Dr. Henry Hanson, State health officer at Jacksonville, Fla. The letter is as follows:

BAY AREA HEALTH CENTER.

DEAR DR. HANSON: I respectfully submit the following report for the medical division of the bay area health center for the period October 26 to December 1, 1942.

While I arrived at Valpariso on October 22, it was not until October 26 that I really was established in the community. The first 4 days were spent in meeting the leading citizens in the bay area communities of Valpariso, Niceville, Fort Walton, and Destin. I presented myself to General Gardiner, the commander of Eglin Field. He is very understanding of the medical problems in the area and promptly gave us space for the office and an apartment for my family. He has assured me of the cooperation of the medical officers in the post. A day was spent in Pensacola becoming acquainted with a number of the outstanding physicians there. Dr. Herbert Bryans very kindly gave freely of his time. The medical contacts that were established in Pensacola should prove invaluable in disposing of my problem cases or handling patients critically ill and in need of hospitalization.

Until November 17 I was without equipment. The medical supplies purchased at the beginning of the month arrived on that date. In the meantime I had been seeing patients in their homes and examining those who came to the office on my cot.

The office is now quite adequately furnished to do the general practice of medicine and minor surgery, though a few small pieces of equipment are still needed and a little more furniture will be required. The communities in the area are equipping the waiting room very attractively.

The cash receipts to December 1 are \$303. The unpaid balance on the books is \$36, the majority of which will be collected when bills are sent; 87 individual patients were seen for a total of 131 visits. The distribution of the patient visits throughout the area is as follows:

Plew Heights.....	20
Niceville.....	41
Valpariso.....	22
Fort Walton.....	42
Destin.....	2
Mary Esther.....	1
Other places.....	3

This distribution indicates all communities are supporting the center.

At first home calls predominated. During the period of the report there have been 54 home calls and 77 office visits. It is hoped that home calls can be reduced to a minimum when the citizens of the area are aware of our presence and realize the limitations of a single physician. With this in mind, an introduction

toy prospectus has been printed and copies are being distributed at the post office, the drug store, and to the clergyman as well as to every new patient. (See attached leaflet entitled "Bay Area Health Center.") Gas rationing may, however, decidedly increase the number of home visits.

The economic status of the population is on a fairly high level at this time. No difficulty has been experienced in collecting fees, as can be seen by the receipts. The large majority of the patients have paid for both home calls or office visits at the time the service was rendered. There have been eight free patient visits. In large part these have been follow-up visits to patients who paid for the initial service but from whom I did not feel further fees were warranted on the basis of social economic findings in the home. One free patient was referred by the public-health nurse.

The medical service thus far rendered is in large part given to civilian workers employed at Eglin Field or their dependents; 59 of the 87 patients fall into this category. The majority of the rest of the patients are persons who are engaged in other essential occupations such as working for the power company, the stores, or the restaurants.

The types of medical conditions seen have been those incidental to any general practice, with considerably more pathology than might be expected in an average community. The first patient seen was found to have undulant fever. A number of cases of bacillary dysentery have been encountered. The largest group of cases are those of infants and small children with upper respiratory infections or complications of these infections and diarrhea. Four patients with cardiac disease in varying degrees of failure have been seen during the month. The patient for whom I perhaps was able to do most was a 19-year-old boy in diabetic coma who was immediately transferred to the Pensacola Hospital and successfully treated. I believe it is fair to state that the aggressive treatment instituted here probably saved this patient's life.

Thus far, \$16.92 has been spent for office supplies and expendable medical supplies, telephone calls, and incidentals, leaving a cash balance of \$286.08. There are a number of outstanding bills:

Surgical Supply Co.	-----	\$270.48
R.X. office supplies	-----	4.95
Mursten-Quinn, furniture	-----	61.50
Rent utilities	-----	4.55
Litton supply	-----	1.00
Mileage on car 15390-15530, 3,230 miles at 5 cents per mile	-----	161.50

Most of these debts will be paid next month.

The venereal disease division and the maternal and child-health division of the State health department have also advanced us a generous amount of capital equipment and some expendable medical supplies for which we have not reimbursed the State health department. The mileage, a considerable item in the present expenses, should be reduced somewhat in the future.

The medical department is fortunate in having temporarily acquired a nurse who is paid with venereal-disease funds. Dr. Sowder has placed Mrs. George Traffe on the pay roll as of November 24. She is helping in the office with routine clinical medical procedures and laboratory work. She will also follow up patients seen by the physicians in order to determine need for a return visit.

At times she will also make initial home calls. In the well-baby clinic we expect that she will give most of the routine inoculations. On November 23, Mrs. Ralph Nordberg began working with the medical department. Since the first of the month she has been assisting Dr. Evans as both admitting officer and dental aide. She will now assume the position of admitting officer for both the medical and dental divisions if her appointment is acceptable. In the week she has worked with me she has lightened the work considerably by handling details of bookkeeping, records, bank deposits, and general clerical work, as well as by serving as receptionist.

I am also conducting the venereal-disease clinics at Fort Walton and Niceville, and the maternal and child-health clinics in the latter community. Dr. Cooke, the county health officer, was traveling a great deal to cover these clinics. Since I am the only practicing physician in the area and responsible in large measure for the total medical care, this work should help me to understand sooner the medical problems in this vicinity.

The immediate acceptance of medical care under this system by the community has been most gratifying. Never have I as a physician felt myself so needed.

Patients spontaneously say, "I have been afraid to live here with no doctor around," or "I have been wondering and worrying what would happen to my children if they became sick." No questions have been asked about my competence. There has simply been gratitude at my being here.

There are quite a number of unsolved medical problems. This is a new community with complex health situations. I shall attempt to deal with some of these problems in subsequent reports to you.

Very sincerely yours,

(Signed) FRANK P. FURSTENBERG, M. D.,

Past Assistant Surgeon, United States Public Health Service (R).

There is one thing I want to stress and emphasize again, and that is that part which says:

The immediate acceptance of medical care under this system by the community has been most gratifying. Never have I, as a physician, felt myself so needed. Patients spontaneously say "I have been afraid to live here with no doctor around," or "I have been wondering and worrying what would happen to my children if they became sick."

No questions have been asked about my competence. There has simply been gratitude at my being here.

Now, sir, here is the notice that was distributed in and around Valpariso.

Senator MILLIKIN. That should go in the record at this point.

(The notice referred to is as follows:)

BAY AREA HEALTH CENTER

The Bay Area Health Center is now open to civilians in this area. A physician and dentist are available to you. The physician's office hours are from 11 a. m. to 12 noon, and 4 to 6 p. m. with the exception of Saturday afternoon and Sunday. He will have other hours by appointment. The dentist works by appointment.

The physician's fees are \$2 for an office visit, \$3 for a home call in the Valpariso-Niceville section; \$5 for home visits in the Fort Walton area and higher fees for night calls.

As there is only one physician available, every effort should be made to have patients come to the office. If home visits are necessary, please telephone for the doctor before noon.

The medical personnel is supplied for emergency duty by the United States Public Health Service to the State health department for use in this area. The fees collected will be used to pay for equipment, supplies, salaries of the nurses, clerks, and expansion of necessary medical services.

Senator MILLIKIN. Those are very interesting documents.

Dr. MOUNTAIN. Now, sir, I have a letter from Brigadier General Gardner, who is commanding officer—

Senator MILLIKIN. I wonder if you could go back there for just a moment, Doctor.

What was this physician's experience when you people sent him to Valpariso?

Dr. MOUNTAIN. I do not have that exactly in mind, sir.

Senator MILLIKIN. Was he an older doctor?

Dr. MOUNTAIN. He was a man, I would assume, about 40 years of age. He was in general practice, giving special attention to pediatrics in the city of Baltimore. I know, without being able to give the details of his background, that he was a highly competent and respected practitioner in Baltimore and wished to make his contribution to his country.

He may be a little older than 40, I would say that was a minimum age.

This letter from Brigadier General Gardner is addressed to Dr. Parran, the Surgeon General, under date of December 10, 1942, and reads as follows:

DEAR DR. PARRAN: This office initiated a series of correspondence last May 15, regarding public-health problems in this community and particularly the lack of adequate medical personnel and facilities to properly care for the civilian population in this area. This letter is to report that the medical service recently made effective by the Public Health Service is operating efficiently and satisfactorily and thus far is meeting the needs of this organization quite adequately.

An office and living quarters, which seem to be quite satisfactory, for a dentist and a physician have been made available by this headquarters in a Federal Housing project adjacent to the reservation. It appears from the history of this project thus far that the staff presently assigned might be adequate for normal conditions. It is most likely, however, that there will be times of epidemic and other times when the work may be in excess of what can be handled by this limited staff.

It is the opinion of this office that the selection of the present physician and the present dentist was well made and that both are well qualified for the assignment. This opinion has been confirmed by a representative number of patients who have availed themselves of this service and whose opinions have been solicited. These opinions have been unanimously commendatory of these officers.

This service is especially appreciated by this command for the reasons that—(a) The military medical staff is barely adequate for the military requirements; (b) it has been found most difficult to encourage necessary civilian employees to live in this community while medical supervision was not within reach; and, (c) the danger to this command of an epidemic outside the reservation has been a source of considerable concern.

This medical service is most definitely in the best interests of the Government, and it is hoped that it may be continued throughout the emergency.

Thanking you for your consideration of and action in this matter, I am

Sincerely yours,

GRANDISON GARDNER,

Brigadier General, United States Army, Commanding.

Senator MILLIKIN. Is this doctor a part of the Public Health Service?

Dr. MOUNTIN. He is a Reserve officer in the United States Public Health Service who has been assigned to Valparaiso, Fla., to conduct the work described.

Senator MILLIKIN. Does he have a duty pay status at present?

Dr. MOUNTIN. His entire income comes from the Public Health Service.

Senator MILLIKIN. Does he keep the fees coming in, as a physician?

Dr. MOUNTIN. No; they go to the local health department and are used to augment the service and not to pay his salary.

I have one more letter from the mayor of Valparaiso which I should like to read. It is very short.

Senator MILLIKIN. Go ahead.

Dr. MOUNTIN (reading).

Hon. TOM PARRAN,
Surgeon General, United States Public Health Service.

DEAR SIR: I have just had the pleasure of looking over the first month's report of Dr. Furstenberg.

Together with a number of citizens of this area, I have taken an active interest in the establishment of our Bay Area Health Center.

To a little, isolated area, whose growth has mushroomed to three times its normal size, this health center has been a Godsend.

Mind you, Dr. Parran, our closest doctors have been 20 miles and our best ones 50 miles. Because of this many civil workers have gone to other centers for work.

Today, in the capable hands of Dr. Furstenberg and Dr. Evans, our health worries are greatly decreased. There is, however, room for more such service.

I hope you will excuse this interference, but being well acquainted with the attitude of this bay area, I can't refrain from expressing the sincere appreciation of our area for your health service.

Sincerely,

C. W. RUCKEL, Mayor.

Senator MILLIKIN. How does he spell his name?

Dr. MOUNTIN. R-u-c-k-e-l.

There are three other communities and perhaps I could save time by inserting these in the record, or I can read them, as you choose.

Senator MILLIKIN. I think we are very much interested in your testimony, Dr. Mountin, and would prefer to have you read them.

Dr. MOUNTIN. The second community I would cite is Norfolk, Va., one of the most vital communities in the country from the standpoint of shipbuilding, shipping, and military training.

Here the situation was somewhat different. Norfolk has almost doubled its population in the last 2 years, and during this period the number of physicians has been reduced from 135 to 100.

One hospital in the city is authorized to operate the city's emergency service, and during 1941 handled an average of 1,500 emergency cases a month.

In 1942, faced with a still heavier case load and lack of medical personnel, the hospital found it impossible to continue the services without help from some source. Two reserve officers of the Public Health Service were therefore detailed to the State health department for assignment to the hospital. These two physicians, a man and a woman, are now conducting this emergency service which means so much to the citizens of Norfolk and, indeed, to the Nation as a whole.

The procedure incidental to clearance of these assignments was essentially the same as that which I described in connection with the Valparaiso project, although the time involved was somewhat less. The doctors assigned to Norfolk are also paid by the Public Health Service. In this instance, no fees are collected from patients, since the emergency is financed in part by the city and in part by the hospital.

I should like to read the following letter, written by the superintendent of the hospital and addressed to the State health officer of Virginia, if I may read it.

Senator MILLIKIN. We will be glad to have you, sir.

Dr. MOUNTAIN. The letter read:

HOSPITAL OF ST. VINCENT DE PAUL,
Norfolk, Va., November 21, 1942.

Dr. I. C. RIGGIN,
State Health Commissioner, Richmond, Va.

MY DEAR DR. RIGGIN: I want to let you know how much we appreciate your interest, efforts, and success in securing medical aid for our emergency room. The two Public Health Service doctors whom you sent are doing very well. They seem quite interested in the work, feeling that it will prepare them to be of greater help in time of casualties. They both fit into the institutional life, and I believe we are all going to benefit by their assistance.

Again thanking you, Dr. Riggins, and asking God to bless you in your noble work, I am,

Sincerely yours,

(Signed) Sister ISEZ, Administrator.

The third community is Willow Run, near Ypsilanti, Mich. This is the site of the Ford bomber plant, which is now entering the production stage, and which will ultimately employ some 100,000 workers on

3 shifts. The residents of Willow Run lacked any form of dental service, and all attempts to attract a dentist to the community have failed.

Finally, the State health department agreed to furnish one of its mobile dental units if the Public Health Service would supply the dentist. In this instance, I am happy to say, most of the necessary clearances were obtained with a minimum of delay, possibly because a dentist rather than a physician was involved. A Public Health Service dental officer is now on duty at Willow Run.

Senator MILLIKIN. May I ask where you got the dentist, from what State?

Dr. MOUNTIN. I can supply that information for the record, but I do not have it in mind at the moment.

Senator MILLIKIN. Is it your impression that you got him from some State other than the State of Michigan?

Dr. MOUNTIN. That is my impression, although I would have to check on that.

The fourth and last community I shall mention is Mobile, Ala.

The situation here, in some respects, is rather similar to that of Norfolk, Va. Mobile is an important industrial center which has undergone a rapid increase in population and loss of a large proportion of its physicians. The present ratio of physicians to population in the city and vicinity is about 1 to 2,500. Most authorities agree that this ratio should not fall below 1 to 1,500 if adequate service is to be maintained.

Of the 91 physicians remaining in Mobile County, 26 are over 60 years of age. Besides most of the physicians are located in the city of Mobile, rather than in the outlying communities where the majority of the war workers reside.

For example, in the town of Chickasaw, 6 miles from Mobile, 2 doctors serve a population of 10,000. Nevertheless, the Mobile County Medical Society believes that the situation is not critical enough to warrant the importation of outside physicians to care for the general public. The medical society is willing to have doctors imported, if necessary, to provide on-the-job medical services for workers in the local shipyards.

The Alabama Dry Dock & Shipbuilding Co., operating under contracts with the Maritime Commission, employs 22,000 men and has only 1 plant physician.

The company has made strenuous efforts to find additional physicians, but has been unable to do so. The State health officer, recognizing the urgent need and being unable to meet it through channels available in Alabama, requested the Public Health Service to detail two medical officers to the State health department for assignment to this shipyard.

The Public Health Service decided that this was a meritorious case and proceeded to make the necessary arrangements.

It was agreed that the shipbuilding company should pay the local health department an amount equal to the salaries of the two medical officers. The money was then to be used to pay for the necessary auxiliary personnel and equipment, and to extend the scope of the service.

The Public Health Service considers this a logical and feasible solution of the problem. Final action in Mobile, however, has been postponed pending approval by the Bureau of the Budget—that is, our own Bureau of the Budget.

The procedure I have described, namely, utilizing the services of commissioned personnel of the Public Health Service, has the advantage of overcoming many of the factors which hinder the relocation of physicians to areas where they are now so badly needed.

Briefly, the most important of these factors are:

(1) The expense involved in moving to a new location and setting up an office.

(2) Uncertainty with regard to income in the new location.

(3) Lack of public recognition that the doctor is performing an important war task.

(4) State laws which prevent a doctor from practicing in a State unless he possesses a license from that State.

(5) The fact that the doctor may be more than busy in his own community, and is therefore justifiably reluctant to desert the patients who depend on him for care.

Since the Public Health Service pays the transportation expenses of the doctor and his family, arranges the matter of office and clinic space with the local health agency, and provides a regular salary, the financial problem is automatically solved.

Secondly, as an officer of the Service, the doctor wears a uniform and enjoys rank commensurate with that of an officer in the Army or Navy. This gives him a definite, recognizable status as an important contributor to the war effort. As Federal officers detailed to State health departments for duties within the scope of the department's authority, the Public Health Service officers so far assigned have not been subjected to the licensure restrictions.

There are also other advantages. For example, the Public Health Service, having the over-all interest of the Nation in mind, can select its recruits from areas not already depleted of medical personnel.

The Service is also in a position to select from its ranks the particular type of practitioner needed in a certain locality. Furthermore, since the Service commissions only physicians with high professional qualification, control is maintained over the quality of service provided to the community.

Most important of all, perhaps, is the fact that care is given on the basis of the patients' need rather than ability to pay. Another important consideration is that once the professional personnel is supplied, a nucleus is provided around which the community can muster whatever auxiliary resources it possesses for the care of the sick. Nursing service, office and clinic quarters, and equipment have been provided gladly in each instance so far. But before this can be done the pivot of the organization—the doctor—must be available.

The plan I have outlined may not be the ultimate answer to the medical-manpower shortage. It is possible that more drastic measures such as compulsory selection and redistribution of physicians may be needed eventually. In the meantime, however, I believe that the plan now in effect in a few localities should be given a fair trial. There is nothing revolutionary about it. It does not require the creation of a new agency or the development of new procedures. It is a method of meeting a grave emergency through existing channels. All that the Public Health Service needs to put it into effect on a sufficiently large

scule is wider authority to proceed and the funds to implement the program.

So far neither sufficient authority nor funds have been provided for large-scale application of such a program. In the absence of specific directives from the President or Congress, the Public Health Service has proceeded to give relief to a few sorely pressed communities in accordance with its established policy of aiding State health departments in the exercise of functions vital to the public health. This procedure has proven both cumbersome and slow. Action is predicated upon too many clearances, and the delay involved is not suited to the emergency nature of the problem.

It is true that certain steps have been taken to overcome some of these difficulties. On September 16, 1942, the responsibility for the provision of personnel for the medical care of civilians was placed with the Procurement and Assignment Service by direction of the War Manpower Commission. On October 17 the Directing Board of the Procurement and Assignment Service approved an amended statement of principles relative to medical service in critical areas. This statement outlines the responsibilities of the agencies involved and indicates the courses of action to be followed. A copy of the statement is submitted herewith.

Senator MILLIKIN. We will be glad to have that in the record.

Dr. MOUNTIN. Thank you.

(The document referred to is as follows:)

APPLICATION OF PRINCIPLES RELATIVE TO MEDICAL SERVICE IN CRITICAL AREAS

(Revision of the application of the principles approved by the directing board and the War Manpower Commission relative to medical service in critical areas that were approved by the directing board, September 20, 1942.)

On August 29, 1942, the directing board of the Procurement and Assignment Service adopted certain tentative procedures in a program to meet the needs of providing medical services in critical areas. This memorandum is an outline of methods for the application of those principles.

The paragraph numbers in this memorandum refer to the numbered paragraphs in the Board's memorandum of August 29. (Appendix I attached.)

I. A consultant to work with State chairman of the procurement and assignment service committees on the problem of providing medical service in critical areas has been appointed, and it is expected that additional personnel will be made available as required.

II. The United States Public Health Service has already studied the needs for medical services in many critical areas; the continued cooperation of the Public Health Service in determining needs in other areas is assured.

III. Steps have already been taken to obtain fundamental information concerning more than 100 selected areas, located in 35 States, in which critical shortages are suspected. An analysis of the information obtained from these areas will be made and presented to the directing board at the earliest opportunity. Based upon the results of these inquiries, plans and methods will be established to make field surveys where indicated. These surveys will be made by the qualified personnel most readily available in order to expedite their accomplishment. Advantage will be taken of the offers made by representatives of the United States Public Health Service and the Children's Bureau to utilize their field personnel when needed. A large number of areas other than those mentioned in the paragraph immediately above have been reported as critical, but it is emphasized that there is not necessarily an acute need for medical personnel in every community that has grown rapidly as a result of increased industrial or military activity.

IV. Conference with State and corps area chairmen of the procurement and assignment service and local public health and medical organizations will be postponed until more detailed information concerning the several local problems is at hand.

V. A general inquiry will be directed to the procurement and assignment service chairmen in each of the States asking them to report concerning the adequacies and availability of medical personnel and facilities within their State, with specific reference to areas in their State where medical-care shortages are believed to exist (appendix II, attached). Based upon the replies received from the State chairmen, in response to this general inquiry, more specific information will be sought concerning particular communities. This additional information will be derived from a questionnaire (appendix III, attached) and field studies when indicated.

VI. The proposals to meet the various medical-care needs that were contained in the board's memorandum of August 29 will be presented to the State chairmen as possible solutions to local problems after more detailed information concerning circumstances is obtained, and the State chairman has been given an opportunity to express his judgment relative to the problems presented.

VII. Whenever surveys of critical areas are made conference will be held with the chairman of the State medical and dental procurement and assignment service committees, State and local health officials, representatives of State and local medical organizations, and the representatives of other agencies concerned with the provision of medical care.

VIII. The responsibility for the provision of personnel for the medical care of civilians has been placed with the procurement and assignment service by the War Manpower Commission. To meet this responsibility it will probably be necessary for each State procurement and assignment chairman to organize an advisory committee. This committee should include the State chairman for physicians of the procurement and assignment service, as chairman ex officio; the State chairman for dentists of the procurement and assignment service; one representative of each from the State health department, the State medical society, the State dental society, the State medical examining board, the State director of selective service, labor, and management; as well as individuals or representatives of other groups and agencies who should be able to give aid in the solution of the problem presented. The function of this advisory committee will be to consider recommendations proposed as solutions to problems of medical care.

Insofar as possible, the committee will endeavor to meet the needs by the utilization of resources and personnel available in the State. In those instances when resources and personnel within the State are insufficient, this committee will consider and recommend means for obtaining outside aid. If Federal aid is requested for the provision of medical care, such requests should be submitted by the appropriate official State agency to the appropriate Federal agency. This would, in most instances, be from the State Health Department to the United States Public Health Service. Simultaneously, the State procurement and assignment service chairmen should forward to the directing board of the procurement and assignment service his report of this request, with his recommendation. It is agreed that before taking action on the official request of the State health department, the United States Public Health Service will consult with the central office of the procurement and assignment service. It is also agreed that in cases where either the procurement and assignment service or the Public Health Service receive direct requests from State agencies for aid they will consult with each other before taking action.

IX. As a part of the studies, inquiries will be made as to what specialized personnel will be required for carrying out recommendations submitted, and insofar as possible State committees will be advised as to how and from where that personnel may be made available.

X. The subject of paragraph X in the board's memorandum of August 29 is covered by paragraph VIII in this memorandum.

XI. Data and information gathered during studies made by the procurement and assignment service and personnel cooperating with it will be made available to the Federal agencies responsible for the allocation of funds for the provision of civilian medical care.

XII. Periodic memoranda will be distributed to State and corps area chairmen of the procurement and assignment service, and reports and recommendations will be submitted to the directing board.

Dr. MOUNTIN. With this statement the procurement and assignment service gives recognition to the course of action already taken by the Public Health Service in the communities I have mentioned

and establishes a similar pattern for meeting the problem in other areas.

It provides that the Public Health Service personnel shall still be utilized only as a last resort when other methods have failed. The same preliminary agreements and clearances are required, but it is hoped that the specific enunciation of the procedures to be followed will reduce, to some extent, the amount of time involved. Whether or not this clarification of procedure will enable sufficiently prompt action in the future, time and experience alone will tell.

Nevertheless, even if we assume that this formulation of principles will produce the desired results, the Public Health Service does not now have funds to provide such services on a scale commensurate with the need. Before this can be done, a substantial appropriation will have to be made to enable the Public Health Service to supply the doctors as well as to provide certain auxiliary services designed to relieve the doctors of routine duties and thus permit maximum utilization of their skills. It is my opinion that employment of approximately 1,000 professional persons, including physicians, dentists, and nurses, would serve to initiate the program and relieve the situation in those communities now suffering acutely from a shortage of medical care. As I have stated, this personnel was formed in nuclei around which the communities themselves would supply the additional facilities required.

It is to be assumed that if funds were made available to the Public Health Service for this purpose, the Government, either by legislative act or Executive order, would give the Public Health Service clear-cut directives and authority to carry out the program with the minimum delay and without the protracted negotiations which have been deemed advisable up to this time.

It has been my observation that whenever the Public Health Service has been given clear-cut directives and funds to perform any task, most of the obstacles which previously assumed large proportions have had a tendency to resolve themselves.

Moreover, I believe that when legal responsibility for a task has been delegated to the Public Health Service, we have always performed the task to the satisfaction of Congress.

In closing, I think I should point out to the committee that medical care has never been well distributed in this country. Even during the period of peace-time prosperity, a large part of our population goes without medical care or is inadequately served. Obviously, during a time like the present, we cannot hope to do more than level off the peaks of need in those areas which are vital to prosecution of the war. This much, however, we can and must do in the interest of national security.

Senator MILLIKIN. Doctor, how much money would be required for the fiscal period to make an initial start with 1,000 doctors, and others?

Dr. MOUNTIN. Roughly, I would say \$4,000 per individual—\$5,000 per individual which would be \$5,000,000.

Now, I wish to state at this point that that is an assumption, and the number of people I have given is more or less of a curbstone judgment as to what would be a reasonable start.

This is something which is difficult to budget because we have not surveyed all the areas. The situations are changing, and we would

probably have to come back during the year for an additional fund, but I think that would give us a start.

Senator MILLIKIN. You are not able, due to the reasons you have given, to estimate how large an organization might ultimately develop out of that?

Dr. MOUNTIN. I would not be able to estimate that, right at the moment.

As time goes on, and after we have had the experience of, say, 3 to 6 months with this program, on an expanded scale, perhaps we would be in position to give a fair estimate of what the ultimate size would be, and that would be on the further assumption that someone could tell us when the war would be over and what would be the further drain on medical manpower.

Senator MILLIKIN. What is the present size of your active personnel?

Dr. MOUNTIN. On this work?

Senator MILLIKIN. In your whole service?

Dr. MOUNTIN. I am unable to give you that, sir.

Senator MILLIKIN. How many Reserve officers have you, who have not been called to active duty?

Dr. MOUNTIN. I do not have those figures in my mind, but I will be glad to provide them for the record.

Senator MILLIKIN. I think that will be of interest to the committee.

Dr. MOUNTIN. The number of Reserve officers not called?

Senator MILLIKIN. Yes; and that leads me to the question: Do you think you could get the personnel that you needed to make your start on a voluntary basis?

Dr. MOUNTIN. I would say to date our experience has been quite satisfactory in securing personnel. I think that we could secure that number, whether we could continue to go on forever on that basis, for the duration of the war, I am unable to say, but I believe we could secure the number that I have indicated, under these conditions.

Senator MILLIKIN. Is there any conflict between the plans that you have outlined and the established medical organizations?

Dr. MOUNTIN. This is being worked out in accordance with this agreement which I have just submitted for the record, and, in general, they agree to it because it is being worked out in accordance with their plans.

Now there may be individual and local differences, but basically the program so far has their general approval.

Senator MILLIKIN. Would you mind stating again who were the parties to that agreement?

Dr. MOUNTIN. The Procurement and Assignment Service and the Public Health Service.

Senator MILLIKIN. What is the view of the Medical Association toward this plan? Has it been discussed, for example, with the American Medical Association?

Dr. MOUNTIN. It has been discussed, yes, sir; before the boards and approved by the governing board and also discussed with the war participation committee and approved.

Senator MILLIKIN. By the governing board—is there a higher ranking board?

Dr. MOUNTIN. They function as a board of directors, although the house of delegates is the supreme board, and between meetings this

board functions, and I may say that in each instance we have cleared this matter with the State medical society, State licensing board, procurement and assignment committee of the State health departments, and various authorizing agencies.

Senator MILLIKIN. It would be helpful, of course, if there were uniform State laws for the qualifications of a physician in any jurisdiction, would it not?

Dr. MOUNTIN. So far, when these people go in as officers of the Public Health Service the question of licensure has not been raised and some arrangement has been made. They have been given a temporary license to practice and have been regarded as carrying on a Federal function; in other words, it has not been a problem so far.

Senator MILLIKIN. The suggestion has been made, and I think perhaps with some weight, that even though you may be able to bring a practitioner into some locality under an arrangement of that kind, yet there would be some fundamental question as to the validity of the arrangement which might leave a doctor exposed to a lot of trouble, and that was primarily why I asked the question as to whether or not it would not be better if we had uniform State laws that would completely validate the position of a foreign physician which the Public Health Service brought in.

Dr. MOUNTIN. In a general way, I would say yes, sir, but so far it has not been a problem.

Senator MILLIKIN. This plan, of course, would be intended to end at the end of the war.

Dr. MOUNTIN. Oh, certainly.

Dr. WEBER. Doctor, as I understand it, the Public Health Service has made a number of surveys ever since the beginning of the war—as a matter of fact, prior to the war also—of the need of the various areas for community facilities, and later made surveys of the needs of those communities for doctors and dentists, and so forth.

Dr. MOUNTIN. There have been some 400 general—what we call reconnaissance—surveys of war areas. They are surveys of a very broad general character. They include needs for public health services in general; health and sanitation facilities in a broad way; hospitals and medical care, in some of these communities; and, in some of them, subsequently a more detailed survey has been made for medical care, and so forth, on a selective basis, or in response to a request for a more detailed survey.

Dr. WEBER. I realize that the Public Health Service has not had adequate funds, but I wanted to ask you about the conclusions of some of the surveys that were made, two in particular, dated January 6 and February 2, 1942, almost a year ago; now, on the survey of the Union Center ordnance plant, you concluded—

Dr. MOUNTIN. What was that town?

Dr. WEBER. La Porte, Ind.

Dr. MOUNTIN. Oh, yes.

Dr. WEBER. Your conclusions were:

There is potentially an extremely serious situation around the Union Center ordnance plant with regard to physicians' services and hospitalization.

Then down at the bottom of the conclusions it says:

* * * and it will be imperative that at least three or four physicians and some dentists be established in offices in or close to the housing project.

Now, has the Public Health Service been able to do anything about that situation?

Dr. MOUNTIN. We have not done anything specifically with respect to supplying medical personnel to that area.

However, it is entirely possible that, having called attention to the opportunity for medical care in that area, physicians may have moved in there, either on their own account or through the instrumentality of the Procurement and Assignment Service.

I am not informed on the precise situation in that community.

Dr. WEBER. Doctor, would you mind if I run through about 10 or 12 of these? I imagine that I will get the same answer perhaps.

Dr. MOUNTIN. You will get about the same answer; yes.

Senator MILLIKIN. Go right ahead and run through them, because you might strike pay dirt.

Dr. MOUNTIN. I will be glad to tell you what I know about that, but, as I say, I imagine the answer will be the same.

Dr. WEBER. Well, first, as to Waynesville, Mo., which includes Fort Leonard Wood—in your conclusions you say:

This area requires more physicians, dentists, and hospital beds. The survey shows an extreme shortage of active physicians under 65 years of age. The ratio of 1 physician to 2,800 persons in the 3 surrounding counties will indicate this need.

Then you say that Waynesville has a ratio of 1 to 2,500 persons; Pulaski County, a ratio of 1 to 3,500 persons; Rollo City, a ratio of 1 to 1,300 persons; Phelps County, a ratio of 1 to 2,800 persons; Lebanon City, a ratio of 1 to 1,300 persons; and Laclede County has a ratio of 1 to 2,800 persons.

Do you know what has been done about that in that area?

Dr. MOUNTIN. I could not answer that.

Senator MILLIKIN. Is it not possible that some of the statistics as to the number of physicians might be rather unreliable, because out of, shall we say, five physicians reported in a particular community, there may be three of them badly over age or suffering from disabilities of their own, and maybe the other two are not entirely competent and the moral being that that sort of statistics is unreliable?

Do you go along with that?

Dr. MOUNTIN. Yes, sir. Of course, not all physicians are equally competent any more than all engineers and lawyers or any other professional men are equally competent. There is the usual variation among physicians that we have among mankind in general, and it has been shown that physicians' efficiency, or a particular physician's effectiveness, in terms of calls, begins to decrease around about 50 years and tapers off at quite a marked rate.

Now, that does not mean that for certain types of office practice he is not perfectly fit and capable or that his clinical judgment may not be just as good as it always was, but for just the output of energy, he is not what he used to be.

Senator MILLIKIN. So, if you had 1 doctor to 2,800 people, depending on his years, and so forth, you might actually have what you say to be one-half of a doctor for 2,800 people?

Dr. MOUNTIN. In a statistical sense; yes, sir.

Dr. WEBER. You might say, Senator, that these reports indicate the age problem.

Here, in conclusion, on Choteau, Okla., the Oklahoma ordnance plant, you have 8 physicians in that county—5 are over 60 years of age, 1 is 80 years old, and the ratio figures 1 physician per 4,400 persons—and there are 4 dentists in the county, which gives a ratio of 1 dentist per 8,750 persons.

Your conclusions read:

More physicians, dentists, and nurses are badly needed and means must be found to provide financial return sufficient to attract these men into this extremely needy defense community.

Has the Public Health Service done anything about that situation?

Dr. MOUNTIN. Not in respect to medical personnel. I might object to that and say that we have no appropriation for this type of work, but we felt as though we ought to begin and, if I might say, acquire some experience in seeing how the thing could be done, so we merely used some of our regular funds for these very limited areas to carry on a sort of pilot installation, so to speak, and find out how we could or would do those things if we had some money and somebody with the proper authority wanted something done.

Dr. WEBER. I would like to call your attention to your survey of Orange, Tex., in which the ratio of physicians is 1 to 4,000 persons, and dentists 1 to 5,600 persons.

Has anything been done about that situation?

Dr. MOUNTIN. Not with respect to physicians or dentists to carry on the practice of medicine or dentistry.

I might correct the previous statement to the effect that in some of the communities—I do not have the figures—we have assigned physicians, engineers, and nurses to carry on general public health and sanitation activities but not to carry on or to perform general medical service, and I recall that for a time—I am not sure whether they are still there now—but we had a public health officer in the Camp Leonard Wood area.

When I answered your earlier question, I assumed you to be talking about physicians treating civilians; is that correct?

Dr. WEBER. Yes.

Dr. MOUNTIN. Then my original answer is also correct.

Dr. WEBER. I have here nine surveys made of defense areas, made in regard to medical care and facilities, dated November 1941, made by the United States Public Health Service.

I assume that the same general answer applies to those areas?

Dr. MOUNTIN. That is right; if you will give me the names of the areas—

Dr. WEBER. Childersburg, Ala.; Birmingham, Ala.; Gadsden, Ala.; Columbus, Ga.; Macon, Ga.; Hinesville, Ga.; Charlestown, S. C.; Fayetteville, N. C.; and Wilmington, N. C.

Dr. MOUNTIN. Nothing has been done in those areas.

Dr. WEBER. So that over a year ago a survey had been made; the information was available on what the medical-care situation was in these prime defense centers and what did the Public Health Service do with that information?

Dr. MOUNTIN. The information was gathered for a variety of purposes, I have mentioned some—to determine the over-all health needs, which included the general public health and the work involving communicable diseases, malaria, sanitation, and the like.

We have a mobile organization provided for under our emergency health and sanitation appropriation, which is \$1,800,000 for general emergency health and sanitation and some \$6,000,000 for malaria control.

We also have an appropriation for venereal-disease control amounting to some \$12,000,000; and in those categories of service, we have endeavored to relieve the situation in those areas.

We have not done anything except in the few areas such as I have cited—those are the only situations where we have attempted to tackle the general medical problems and I presume you wish to have the reason why—

Dr. WEBER. I want to know what was done with the information, when you got it?

Dr. MOUNTIN. You are speaking now with respect to needs for doctors to treat the sick?

Dr. WEBER. That is right—in these respective areas on which you had reports.

Dr. MOUNTIN. We have repeatedly called that to the attention of folks such as the Procurement and Assignment Service; we have brought it to the attention of our own agency, and I might say, too, that we have brought it to the attention of the Bureau of the Budget, but so far, no funds have been made available.

We have recommended, repeatedly, that funds be given to the Public Health Service and a more specific directive and then we would have to engage in this type of activity.

Dr. WEBER. To whom did you make these recommendations?

Dr. MOUNTIN. I said to our own agency and the Federal Security Agency—

Dr. WEBER. Federal Security?

Dr. MOUNTIN. Yes.

Dr. WEBER. And no action was taken?

Dr. MOUNTIN. No action was taken, because, as you know, they are not permitted to go beyond what our own agency is and the Budget recommendations to Congress.

Dr. WEBER. Do you have some filed correspondence on this particular matter, with your recommendations to the Federal Security Administration and their answers?

Dr. MOUNTIN. I do not know that I could present that; I know that at various Budget hearings it has been discussed.

Dr. WEBER. Before the Bureau of the Budget?

Dr. MOUNTIN. It has been discussed and before the Budget section of our own agency.

Dr. WEBER. Would you supply the committee, for the committee's own confidential use, a file of correspondence in connection with your recommendations on this medical care problem in defense areas?

Dr. MOUNTIN. I wonder if you could make that request to someone higher in authority than I.

Dr. WEBER. We will make the request to Dr. Parran.

Dr. MOUNTIN. Because a good bit and, in fact, most is not in correspondence; it is mostly a matter of informal conversation.

Dr. WEBER. Has this matter been brought to the attention of Congress before—before this time?

Dr. MOUNTIN. Not to my knowledge; I think it may have been in committee hearings, I think it has been before this committee in

previous hearings; but, so far as I know, it has not taken any legislative form.

Senator MILLIKIN. Doctor, I believe it would be well to have the record contain your statement of the normal functions of your service.

Dr. MOUNTIN. In the medical-care field, we operate a series of marine hospitals and medical-relief stations. However, the beneficiaries of those medical-care services are those who are specifically enumerated by the Congress, such as the merchant marine, and the beneficiaries of the Federal Employees Compensation Act, the Coast Guard, and other designated beneficiaries. Those are the only people who can participate in the medical-care service that we now render in our marine hospitals or through our relief stations.

That is item No. 1.

Item No. 2 is the intensive research we carry on, on a very broad program, in relation to specific diseases and such things as nutrition, cancer, stream pollution, and almost all phases of public health and sanitation, insofar as the funds permit.

The third item is this: Our cooperative relation with States. We have an appropriation of \$11,000,000 under "Title VI of the Social Security Act," and some \$12,000,000, I believe, under "Venereal-disease control" and, as I mentioned, \$8,000,000 under the "Emergency Health and Sanitation Section," and with those funds we assist the various States in carrying on what are commonly known as preventive aspects of public health and sanitation activities, rather than a medical-care program.

We also have the responsibility for the prevention of the introduction of communicable diseases from abroad, through our national quarantine service; and the transfer of infection between the States, through our interstate quarantine program.

Those, in broad outline, are our programs.

I should add, that in addition to our marine hospitals, we operate several mental-disease hospitals—St. Elizabeths Hospital and several others—and we carry on active contact and cooperation with various Government agencies, such as providing physicians for the Department of Labor for the examination of immigrants in normal times; physicians for the Department of Justice for the care of prisoners; we provide physicians to the Indian Service for the care of the Indians—there are a number of other cooperative activities that we carry on for other branches of the Government.

Senator MILLIKIN. What relation do you have; what provisions are made under your organization to handle epidemics within the country?

Dr. MOUNTIN. That is our responsibility, to prevent the introduction of diseases and to assist the State in suppressing epidemics and things like that, and to prevent their spread from one State to another.

Senator MILLIKIN. Do you act direct, or through State authorities?

Dr. MOUNTIN. We act through the State authorities except in the case of our foreign quarantine; but within the country we act through and with the States. Each State has the primary responsibility for its own people and we cooperate with them and assist them.

Senator MILLIKIN. I want to ask one more question: What is the military feature of your organization and how is it coordinated into the whole military system?

I mean, how is the question of rank and that sort of thing handled? Dr. MOUNTIN. We are one of the several uniformed services; that is, the Army, the Navy, Marine Corps, Coast Guard, Coast and Geodetic Survey, and the Public Health Service.

We have ranks comparable to that of medical officers of the Army and Navy.

For example, I happen to have four stripes on my sleeve, which would be a medical director, or which would correspond to a captain in the Navy.

Senator MILLIKIN. I see one rather new stripe, and I congratulate you.

Dr. MOUNTIN. Thank you, sir.

Senator MILLIKIN. Are you governed by the Articles of War?

Dr. MOUNTIN. No, sir; we are not. We may be assigned to the various branches, to the branches of the military service in times of war, but we are not governed by the articles until we are definitely a part of those military services.

Senator MILLIKIN. You have your own system of discipline within your organization?

Dr. MOUNTIN. That is right, unless, I repeat, some of our people are assigned to some branch of the armed services.

We form the medical service for the Coast Guard, and occasionally our men are assigned to the Coast Guard to perform medical service, and they become a part of the Coast Guard and then they are subject to the military discipline of the Coast Guard.

Senator MILLIKIN. Within your own organization the ranks, I take it, are subject to obedience to orders?

Dr. MOUNTIN. Yes, sir.

Senator MILLIKIN. You have complete military discipline, if you want to enforce it?

Dr. MOUNTIN. We can discipline our own people, and hold boards of inquiry on them, and recommend that certain disciplinary action be taken.

Senator MILLIKIN. I went into that to test just how far you could move your reserve officers around the country, if you felt so inclined.

Dr. MOUNTIN. They come into our Service with the understanding that they may be sent any place to perform whatever duty the Surgeon General may choose.

As a general rule, however, if we were to bring a man in for the medical-care program, he would be assigned to that. However, if he did not prove particularly competent in that branch, but was a good man for other types of work, he might be assigned to other activities.

That, of course, would be a matter of determination.

Senator MILLIKIN. What about the nurses; are they in the Public Health Service?

Dr. MOUNTIN. We get them through civil service.

Senator MILLIKIN. Then they do not come to you as an official part of your organization?

Dr. MOUNTIN. No, sir; our organization is composed of physicians, dentists, engineers, and pharmacists.

Senator MILLIKIN. And the nurses are strictly civilian, in their relation to the organization?

Dr. MOUNTIN. Yes, sir.

Senator MILLIKIN. Dr. Mountin, if we could return for a moment to these surveys, as I understand it, you furnished those surveys to Procurement and Assignment—these surveys of medical-care needs?

Dr. MOUNTIN. Yes, sir; I am not sure that the originals of the surveys were furnished to Procurement and Assignment, but we abstracted these surveys, these 400 community surveys, and tabulated the survey needs, and they have been distributed to a number of Government agencies.

However, I am reasonably certain that one was forwarded to Procurement and Assignment. I will have to check on that, but I feel certain that that is a fact.

Dr. WEBER. I am referring particularly to the survey in regard to doctor needs in the defense areas.

Dr. MOUNTIN. We have a system with Procurement and Assignment, whereby if we uncover unusual medical needs we bring it to their attention. On the other hand, under that arrangement, if they find situations which they cannot remedy by trying to induce doctors to come there to those areas, they refer them over to us, so that we can put doctors there.

They are hoping, as we are hoping, that we will have some funds to do it with.

That is the state of both organizations, now—hoping.

Dr. WEBER. Doctor, these surveys of the Public Health Service, the ones made in November '41 and in January '42, show a number of communities in which doctors are needed; in which, properly speaking, doctors have to be brought in.

Do you know whether the recruitment of doctors from areas well supplied and brought in to areas needing additional doctors—do you know what has been done by your service in that connection?

Dr. MOUNTIN. I could not answer that.

Dr. WEBER. You do not know whether, in any single community in which the Public Health Service found a need for more doctors—you do not know whether the recruiting of doctors for that area has been started, any single area?

Dr. MOUNTIN. I have not kept up with that, so I am unable to say. I am sure that that would show up in our records, but I do not have the information with me.

Dr. WEBER. As I understand it, you have a Statistical Division at the Public Health Service?

Dr. MOUNTIN. Yes, sir; we have; in the National Institute of Health there is a Statistical Section.

Dr. WEBER. Headed by Dr. Parran?

Dr. MOUNTIN. Yes, sir.

Dr. WEBER. This information has been turned over to Procurement and Assignment and the Statistics?

Dr. MOUNTIN. I do not know that they have gathered any original statistics in this field, outside of these general reconnaissance surveys which my Division, which is the States Relations Division, has gathered.

Our people in our field offices and our field representatives have gathered more detailed information on 30 or 40, I believe it is, areas, where we have been in, subsequently.

I believe Dr. Parrat may have collected that information, but so far as I know that is the limit of their information.

Dr. WEBER. When Procurement and Assignment was originally set up, did Dr. Parrat, head of their statistics service, furnish Procurement and Assignment with a proposed schedule of quotas?

Dr. MOUNTIN. I know that he has consulted with Procurement and Assignment, and just what his functions are around there, I am frank to admit that I do not know; and specifically, what he has done for them, I am not aware of.

Someone from Procurement and Assignment could give you much better information than I could.

I think Dr. Lapham would be in position to give you better information on that, sir.

Dr. WEBER. I notice in one of your surveys here, you mention the problem of "closed hospitals" or "closed shop hospitals" or some such technical term with which I was not familiar, but which apparently indicated that in that community, the doctors permitted to practice in a given hospital are rather limited, rather a select group of physicians.

Dr. MOUNTIN. I presume the term you refer to is the so-called "closed staff"?

Dr. WEBER. Yes.

Dr. MOUNTIN. That is an arrangement whereby the staff of a hospital is limited to a particular group of physicians. They commonly speak of that as a "closed staff," and only those physicians may practice within that hospital, and that is in contradistinction of the "open staff" hospital in which any physician of the community who is qualified can come in and see his patients or perform operations, and so forth.

Dr. WEBER. Let us assume that Congress appropriates \$5,000,000 for the Public Health Service to—

Dr. MOUNTIN. Initiate the plan?

Dr. WEBER. To initiate this service so badly needed, and you have now selected a man, or men, and placed them in a community, all of whose hospitals have closed staffs.

How is he going to carry on his function, being unable to gain entrance or admittance to the hospitals?

Dr. MOUNTIN. Well, it might be done in either of two ways:

We might secure for him the privileges that are sometimes accorded to what you might call "courtesy members," or a "courtesy staff membership."

Another possibility is that if they are in general practice, we will say, and a patient required an emergency operation, an arrangement could be made with a surgeon on the staff of the hospital to perform the operation and, in fact, in many of the communities they may not have a hospital right there, right in the city, and may, of necessity, have to refer the patient to a hospital at some distance away.

Dr. WEBER. You do not consider that is going to be a serious difficulty?

Dr. MOUNTIN. It might; but it is just another one of those problems that we will have to solve when we are confronted with it, or endeavor to solve when confronted with it.

I do not think we should spend too much time now thinking of all the difficulties we are going to encounter or to try to enlarge upon them or endeavor to remove them ahead of time. I would much prefer talking these problems by one means or another as they arise.

Dr. WEBER. I believe you said a lack of authority as well as a shortage of funds had prevented the Public Health Service from taking this problem.

Dr. MOUNTIN. I might expand on that.

At the present moment, we are advised by our counsel that we are permitted to engage in this kind of activity only under our general authority to assist State and local health departments. So, consequently, it is necessary for the health department to accept the responsibility for carrying on this medical service, and ask us, the Public Health Service, to assign a physician there to help the Department discharge its functions to that extent.

Senator MILLIKIN. I should think your authority would be broad enough, under those circumstances, where there is always an implication of an epidemic in a community that does not have sufficient medical personnel.

Dr. MOUNTIN. It might be questioned because a fracture is far removed from controlling an epidemic, although general medical service has quite an influence in preventing and controlling epidemics.

Now, there is also the question in some States as to whether or not the State health department and the local health department have the authority to engage in the practice of medicine because it is not clearly set forth in the State law. They, too, are empowered to carry on general public-health work, and that has sometimes been construed, in some States and some communities, as authority to carry on preventive medical service and sanitation work.

Now, that is a contingency that might arise, but that has not arisen so far.

Dr. WEBER. Let me see if I have that straight:

You say that under your organic law you can only render whatever services to the State health service which it agrees you should render?

Dr. MOUNTIN. That is right; and which it, in turn, is authorized to perform.

Dr. WEBER. So that you have assigned these additional authorities given you to the State health service?

Dr. MOUNTIN. That is right.

Dr. WEBER. That means, then, that the actual planning and decisions in regard to the allocation of physicians to relieve shortages will be separated into 48 separate plans, policies, and decisions.

Dr. MOUNTIN. In each instance the decision as to needs must be determined in the locality, and the assignment is made to that specific locality through the health department—through the State health department to the local health department—yes; that is the procedure.

Dr. WEBER. Now, I assume that you feel that that would be very cumbersome, time-consuming, and difficult to operate in that type of situation. I also believe you have indicated that there was a lack of authority.

What authority would the United States Public Health Service prefer to have in this type of situation?

Dr. MOUNTIN. Well, there might be an interest declared through an Executive order or through an act of Congress in this general problem, and a declaration of intention that something be done about it by Federal agencies.

Now, I should qualify my remarks—or qualify the statement rather—that in respect to the care of beneficiaries designated by Congress we act directly in the case of those who come to the marine hospitals.

Any beneficiary coming to the marine hospital and presenting his credentials is taken right in, so that in that category of service we are not limited by any statute, law, or anything of that type on the part of any individual State health department, and any expression of interest of a State health department is not binding or limiting on us in the marine hospitals, but when it comes to giving general medical service to citizens at large we must function through the State and local health departments and we are limited by whatever authority they may have.

Senator MILLIKIN. I think I would suggest that you might have great difficulty in initiating a program such as you spoke of if you get away from that opinion, since after all you do not enter onto a program unless it meets with your approval. It is simply a question of coordinating your services in these various jurisdictions, which takes time and in some cases it might be some trouble also, but there has been a vigorous vocal expression by the local or State board members that medical care is a local problem.

Dr. MOUNTIN. That has been the general tendency, and it is a handicap right now; but it may be that it would be well to preserve that relationship, although I would say that so far as in our appropriations, and in any act under which we operate, there has been little or no declaration of intention on the part of Congress that we should enter this medical field.

Now, perhaps some general declaration of intention without any attempt to alter that relationship might be what you would prefer or what Congress might prefer.

Dr. WEBER. The difficulty is that you have the national problem created by the national war program.

Dr. MOUNTIN. That is right.

Dr. WEBER. In attempting the solution of it, by local decision or State decision—it is an attempt to meet a national problem by a local or State decision.

Dr. MOUNTIN. Yes.

Dr. WEBER. And that may not be feasible in the long run, in your view?

Dr. MOUNTIN. There is some advantage, as the Senator just stated, in doing things as we are doing them in this very limited way in a community. It must recognize its own problems, it must express a desire that something be done about it. They must ask us to come in and help them solve their local problems and whoever comes and is assigned to a community will be under the local governing authority and guided and directed thereby. There are certain distinct advantages I could see in preserving that scheme.

Senator MILLIKIN. When you get away from that you run square into the vocal barrier that might be put up that would hamper any constructive effort in a community; that is, in crossing these State

line, unless that situation can be recognized and some coordination effected between the States and Federal agencies in respect of the problem.

Dr. MOUNTIN. Although it is difficult to get, sometimes an expression on that realization of local need, that is one difficulty in having to clear these various agencies.

Dr. WEBER. Is it not also true that the effect of a local decision in this case is not limited to the local effects? The effect of local decisions as to whether or not you shall bring in a doctor is national, in the sense that the group of people they are affecting are national defense workers; they are not local workers limited to that locality nor are they workers whose effect is limited to that locality. They are a national problem, working on a national program, such as shipbuilding or ordnance or whatever it is, so that a local decision on health has an effect on the national war program.

Dr. MOUNTIN. Well, I could take either side of that argument, I think, and I might say that I am speaking now personally—that I have been working with States for many years, and in fact my whole career in the Service, beginning in 1917, has been in the State Relations Division work, in cooperation with States, and I think I have a State more than a Federal point of view. I believe, if we had the funds earmarked for such, with a declaration of intention attached to them, to tackle this problem, we probably could proceed without any basic changes in our method of approach. It would go slower, but it may well be a way to avoid some of the individual difficulties or irritations that go with direct Federal action.

Mr. ROBACK. Dr. Mountain, who is responsible at the present time for the general problem of redistribution of physicians?

Dr. MOUNTIN. I am sorry to say there is no such responsibility delegated to anybody. Dr. Lapham will follow me, from Procurement and Assignment, and he can discuss that perhaps more intelligently and authoritatively than I, but personally speaking, I could not answer that.

Mr. ROBACK. Well, aside from the question of the authority to tell who the specific doctors are to be, what Federal agency, if any, is responsible for formulating a program of the redistribution of physicians and the consideration of the over-all civilian needs?

Dr. MOUNTIN. I should say that that is a function of Procurement and Assignment, by action of the War Manpower Commission.

Mr. ROBACK. I call your attention to previous testimony of Dr. Lapham, of the Procurement and Assignment Service, and the effect of his testimony was that the service operated as a procurement agency to fill quotas for the Army services.

Now, in view of that testimony, would you say that there is no functioning agency responsible for the consideration of the over-all civilian medical needs of the population?

Dr. MOUNTIN. Well, I am getting out into a field where I am not particularly informed, and especially since Dr. Lapham is here, and I presume he is to follow me; but it is my understanding, and I again say that I hope my answer does not run counter to his, and he can correct me if I am wrong—in fact, I ask that as a favor—it is my understanding that you have asked me two questions; one, Who has the over-all authority for planning? My answer: it is my understanding

that that is a function of the War Manpower Commission, discharged through Procurement and Assignment.

The second half of your question was, Who has the authority for redistributing physicians? My answer to that is, so far as I know, nobody has.

Mr. ROBACK. You indicated in your testimony that the Public Health Service lacked a clear-cut directive.

Does that carry the implication that no such directive has been issued to any Federal agency to meet the problems of the medical care of the civilian population that has been discussed here?

Dr. MOUNTIN. I think my testimony may have created, or seems to have created the wrong impression.

When I made that statement I was referring to authorities and a directive to provide medical service for the civilian population, and not—I was not referring to authority to redistribute physicians.

Mr. ROBACK. So that the implication of your statement is that given the directive, the Public Health Service would be in position or might be in position to provide such service?

Dr. MOUNTIN. My implication was, or was intended to convey the impression, through my testimony, that if the Public Health Service had sufficient funds to go with a declaration on the part of Congress, or the President, that they wished the Public Health Service to do something toward providing medical care for the civilian population in critical areas, I believe that we could accomplish a great deal, and perhaps the whole job, through this mechanism that I described, of bringing officers into the Reserve Corps of the Public Health Service and assigning them to communities under an arrangement I described in Valparaiso, a similar arrangement, and these other areas that I mentioned.

Mr. ROBACK. It also has been said, with respect to the general problem of manpower mobilization to meet shortages that crop up in the war program, that we have today followed the "rescue-party" approach to that situation. What can you say as to that, in connection with the war problems of civilian care?

Dr. MOUNTIN. I am not in position to speak of the operations of the Procurement and Assignment. I have not attended their meetings. I am not familiar with their actions. I do not feel as though I am competent to speak on that subject.

Mr. ROBACK. But you have testified that the Public Health Service, itself, has in certain instances, and in view of its findings which were established at least a year ago—that is, with respect to the medical needs—the Public Health Service itself has sent people to some of these areas—was there not a certain amount of testimony on that point?

Dr. MOUNTIN. Yes, sir. We made these surveys for the purpose of determining, as I said before, the over-all health and sanitation needs; in a small way, we have endeavored to meet what I call purely public health needs through our regular appropriation, and through our emergency health and sanitation appropriation, supplying health officers and sanitary engineers and public health nurses, laboratory workers and the like—that has been going on even when the President, or shortly after the President, first declared a limited emergency, just this fall—we began this very limited usage, in this very limited way.

of funds on these half dozen pilot installations, as you might term them to determine how we would go about meeting the medical problem, assuming that sooner or later Congress might wish to have something done about it, and that is what I endeavored to explain and contribute in my testimony, just what our experience has been in these few places in trying to do a job that is much larger than I think we even know.

Senator MILLIKIN. Have you any further observations, Dr. Mountin?

Dr. MOUNTIN. No, sir; I think that is all I have to say.

Senator MILLIKIN. Have you any further questions, Dr. Weber or Mr. Roback?

Dr. WEBER. No, thank you, sir.

Mr. ROBACK. No, sir.

Senator MILLIKIN. Thank you, Doctor. Your testimony is very much appreciated.

(Discussion off the record.)

Senator MILLIKIN. All right, we will resume now.

Dr. LAPHAM, will you come forward and state your name, and your exact position at the present time and any other background information that you might wish to add?

STATEMENT OF DR. MAXWELL E. LAPHAM, EXECUTIVE OFFICER, PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS, DENTISTS, AND VETERINARIANS, WAR MANPOWER COMMISSION

Dr. LAPHAM. Maxwell E. Lapham, Executive Director of the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians of the War Manpower Commission.

I have been loaned to the War Manpower Commission for the time being.

Senator MILLIKIN. Before you proceed, I would like to introduce into the record at this time a letter from Dr. Frank H. Lahey, Chairman, Directing Board, War Manpower Commission, Office for Emergency Management, and addressed to Senator Pepper.

DECEMBER 14, 1942.

DEAR SENATOR PEPPER: This will acknowledge receipt of your letter of December 8 in which you asked me to appear before the Senate Subcommittee on Education and Labor on Tuesday, December 15 at 2 p. m. I regret that I will not be in Washington on that date, but Commander M. E. Lapham, executive officer, will attend. I believe this has been arranged with your office.

In regard to the questions you raised in your letter concerning the change in functions and authority of the Procurement and Assignment Service, there have been no definite changes. However, beginning this week we are having sessions in each of our corps areas, and representatives of the United States Public Health Service are to be present. Critical areas within States in the respective corps areas will be studied, and combined efforts of the Procurement and Assignment Service and the Public Health Service will be made to correct any deficiencies in medical care. I believe this program will bring about definite, good results.

Thanking you for your expression of appreciation, and with kind regards, I am

Sincerely yours,

FRANK H. LAHEY,
Chairman, Directing Board.

Senator MILLIKIN. Now, proceed, Dr. Lapham.

Dr. LAPHAM. Mr. Chairman, I have a statement here which I would like to read, giving the views of Procurement and Assignment Service. Senator MILLIKIN. Very well, we will be glad to have you read that. Dr. LAPHAM (reading):

INTRODUCTORY

On October 30, 1941, the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians was authorized by Paul V. McNutt, with the approval of the President. Established as one of the principal subdivisions of the Office of Defense Health and Welfare Services in the Office for Emergency Management, this agency was charged with the following responsibilities:

(1) To receive from various governmental and other agencies requests for medical, dental, and veterinary personnel;

(2) To secure and maintain lists of professional personnel available, showing detailed qualifications of such personnel; and

(3) To utilize all suitable means to stimulate voluntary enrollment, having due regard for the over-all public health needs of the Nation, including those of governmental agencies and civilian institutions.

During the year that has passed Procurement and Assignment Service has fulfilled the first two of the responsibilities with which it was charged, inasmuch as it has ascertained the requirements of both military and nonmilitary governmental agencies for the professional personnel under its jurisdiction, has enrolled that personnel, and has set up a roster showing the name, address, professional qualifications, and other information for most of the physicians, dentists, and veterinarians in the United States.

Set up as a defense agency, Procurement and Assignment Service only a few weeks after its authorization was confronted with the task of recruiting physicians to meet the needs of war. By October 31, 1942, there were approximately 41,000 physicians on extended active duty in the Medical Corps of the Army and of the Navy and in the Commissioned Corps of the United States Public Health Service. Most of the physicians recruited were under 38 years of age—the young practitioners who, in peacetime, were carrying the major part of the patient load of this country.

In the year ahead of us Procurement and Assignment Service will face the more difficult task of carrying out the third part of its official responsibilities. It will have to distribute, as equitably as is possible and with due regard for the over-all public health needs of the Nation, the available medical, dental, and veterinary personnel required by (1) the Army and the Navy, (2) nonmilitary governmental agencies, (3) hospitals, (4) professional schools, (5) industrial plants, and (6) civilian communities.

MEDICAL SHORTAGES IN AREAS AFFECTED BY THE WAR EFFORT

It has been inevitable that medical shortages should develop in some communities and institutions as a result of the withdrawal of more than 40,000 physicians from civilian practice to enter the services. Furthermore, mass migrations of population to war industry and extra containment areas have caused temporary shortages of medical services and facilities in communities which before the war were adequately supplied or were at least not acutely in need. It is estimated that some 5,000,000 persons have moved into these areas of war activity. In many instances there are enough physicians, or nearly enough, to serve the increased population, but hospital and clinic facilities are lacking. This is reported to be the case in such expanding areas as San Diego, Calif.; Bremerton, Wash.; Portsmouth, N. H.; and in many similar cities where peacetime facilities have proved to be insufficient for the needs of tens of thousands of workers and their families.

Incidentally, we have mentioned so far only one or two cases in the critical areas, but I have a summary of several areas, if you would care to have them submitted for the record.

Senator MILLIKIN. We will have them put in the record; thank you.

(The matter referred to is as follows:)

EXHIBIT A

SUMMARY OF SURVEY REPORT ON MOBILE, ALA., AREA

In August 1942, the Mobile Chamber of Commerce wired the Surgeon General and Adjutant General of the United States Army, secretary of American Medical Association, and to Procurement and Assignment Service, that their city faced a critical situation, since many physicians were entering military service, and the rapidly growing civilian population was often unable to secure medical care when needed. These wires began a period of investigation in which figures presented by one group or person would conflict in population estimates and numbers of physicians with all other reports, so that the central office had about six different sets of figures. It was decided, therefore, to have a joint investigation by the State chairman, corps area chairman, a representative of the central office, and a representative of the district office of the United States Public Health Service. This group met with a group of Mobile citizens representing many local industries and groups. A complete study of the situation was made jointly and reported to the central board. Repeated checks were made on possible population increases, and a list of every physician in the community was made. The final tabulation showed that 91 physicians practiced in metropolitan Mobile, of which 49 were general practitioners, and the remaining 42 were specialists of various types. The metropolitan area contained 175,000 persons, estimated from the sugar-rationing cards, or a ratio of 1 to 1,600 persons. Mobile County, however, had an estimate of 207,000 persons, and only 7 more physicians—88—or a ratio of 1 to 2,100. This is not considered an adequate ratio, but is better than many other Alabama areas according to the State procurement and assignment service chairman.

Thirteen shipyards, however, employ over 20,000 industrial workers, but only had a single industrial physician in one plant. This was obviously inadequate, and all agreed that more should be provided. Efforts were made to secure physicians for these yards, but after 2 months none could be found willing to move there. State health office, therefore, requested the United States Public Health Service to detail two men to that office who would be detailed to the shipyard for emergency and industrial practice, until other physicians could be found. This is now being processed through regular channels, and should become effective shortly.

The State procurement and assignment service chairman has organized the local medical care groups for emergency or disaster relief, and the demand for more physicians has been discontinued, so that the situation in Mobile is not now considered as acute as originally claimed.

Continued attention and additional study will be made of the area, since even a mild epidemic would undoubtedly give rise to renewed cries of inadequate medical care.

(A confidential report on Key West, Fla., area is available to members of the committee.)

SUMMARY OF SURVEY REPORT ON LAKE CHARLES, LA., AREA

DESCRIPTION OF SITUATION

This area has been called to the attention of the Procurement and Assignment Service by individual letters from citizens, by letters from businessmen in the area, by reports of the Public Health Service, and by correspondence from both Louisiana Senators. An immediate report was requested from the State chairman of the Procurement and Assignment Service, who made an investigation of the situation. As pictured by the various reported sources, this community has undergone a considerable increase in population in the last 2 years, until its present population is estimated at some 28,000. At the same time a number of physicians have been commissioned in the armed forces, with the result that the only 3 clinics in the community may all have to close down. These same sources indicate that there are but 8 physicians remaining in Lake Charles, at least 2 of whom are forced to sharply limit their practice because of age and ill health.

HANDLING OF THE PROBLEM

The State chairman has been asked to make a careful investigation of the needs in this area. As of the present date no detailed report has been received from him, although a wire dated December 11 states that—

"A complete survey of the medical needs or possible shortage of physicians in the Lake Charles and Alexandria areas shows that the medical needs of these areas are being adequately cared for in every respect. I would advise that these areas not be called upon for more medical men, unless a more critical need for men for the armed forces arises."

Further action will depend upon the contents of the detailed report which should be shortly forthcoming. If the facts of the situation substantiate the recommendation telegraphed by the State chairman, it may be that the problem is not as bad as stated. However, the facts will be very carefully checked upon.

SUMMARY OF SURVEY REPORT ON MAYO (ANNE ARUNDEL COUNTY), MD., AREA

DESCRIPTION OF SITUATION

A letter from the chief air raid warden of Mayo, Md., stating that the only physician there had been drafted and that only three civilian doctors remained in Annapolis, brought this area to the attention of the central office of the Procurement and Assignment Service. An immediate report was requested from the State chairman.

The survey report shows that the village of Mayo (population about 3,000) has never had a practicing physician living there. The neighboring town of Davidsonville, about 10 miles from Mayo, had one physician who maintained an office at which he practiced 2 or 3 times a week. This Davidsonville physician was classified as available by the Procurement and Assignment Service, and was commissioned.

The reports by the State chairman emphasized the fact that there are 17 physicians practicing in Annapolis and Eastport, both of which areas are approximately 10 miles from Mayo, and both of which areas furnish some medical care to this community. It is the opinion of the State chairman and of his committee that this community is not suffering from lack of medical attention. Nevertheless, the State chairman will check again on the situation within the next 6 weeks.

HANDLING OF THE PROBLEM

As indicated above, no action is being taken at present other than carefully watching the situation.

SUMMARY OF SURVEY REPORT ON MIDDLE RIVER, MD., AREA

DESCRIPTION OF SITUATION

This area deserves special attention, since it is the center of a large war-industry area that has undergone a large increase in population. A survey report has been requested of the State chairman, and, following his investigation, a report has been submitted. The report of the State chairman indicates that the population is 35,800 for this entire area. The number of physicians practicing in this area was reported as 10. However, within the last 3 weeks the State chairman reports that 2 more physicians have been located in this area, bringing the total number to 12.

HANDLING OF THE PROBLEM

The survey by the State chairman revealed need of additional physicians in the area. The State chairman's efforts to relocate physicians in this area have been partially responsible for the addition of two physicians. An effort will be made to secure additional men. This situation is made somewhat less critical by the fact that the distance to Baltimore is not great.

SUMMARY OF SURVEY REPORT ON CLYDE, N. Y., AREA

DESCRIPTION OF SITUATION

This situation was originally brought to the attention of the procurement and assignment service as a result of letters from citizens of Clyde, N. Y., addressed to

Mr. McNutt. The State vice chairman of the procurement and assignment service was requested to make an investigation.

The report of the survey in this community shows that the town has a population of about 2,300 and has 3 physicians. Moreover, the town is located only about 5 miles from Lyons, a community which has 2 hospitals. The State chairman reports that there is no shortage of medical care in this area, and that, in his opinion, the criticisms arose because of the loss of a particular physician.

HANDLING OF THE PROBLEM

Since no real shortage exists, no further action is indicated.

SUMMARY OF SURVEY REPORT ON CLYMER, N. Y., AREA

DESCRIPTION OF SITUATION

A letter from a justice of the peace in Clymer, N. Y., first brought the attention of the Procurement and Assignment Service to an alleged shortage of medical care in this community. It was stated that the community had lost two physicians, leaving this town some 10 miles from a physician. The State vice chairman was requested to survey the situation and report immediately. He found the facts to be substantially as set forth in the above-mentioned letter, and he instituted action to relocate a physician in this area.

HANDLING OF THE PROBLEM

He referred a number of physicians to this community and the central office of the Procurement and Assignment Service referred one more physician to the town people. After interviewing a number of the physicians who were willing to relocate, the townspeople completed arrangements with one of them, providing for his coming there to practice. The physician was relocated from New York City.

SUMMARY OF SURVEY REPORT ON ODESSA, N. Y., AREA

DESCRIPTION OF SITUATION

A petition addressed to the Procurement and Assignment Service by citizens of Odessa, N. Y., acting under the aegis of the Odessa Chamber of Commerce, first brought this area to the attention of the Procurement and Assignment Service. A report was immediately requested from the vice chairman of the Procurement and Assignment Service of up-State New York, and he made an investigation of this situation.

The facts as set forth in the petition and as corroborated by the survey show that this community has lost the 1 doctor who previously served there. The population of the entire area surrounding this community is about 2,000. However, the survey there revealed that this village is located only 3 miles from the village of Montour Falls, and that it is served by physicians of this latter community. There are 2 physicians in Montour Falls, both of whom had already been classified as essential to the medical care of this entire area.

HANDLING OF THE PROBLEM

It appeared from the survey of this situation that the community in question is supplied with adequate medical care as a result of its nearness to another community. No further action, therefore, was taken.

SUMMARY OF SURVEY REPORT ON RAVENNA-WARREN AREA, OHIO

DESCRIPTION OF SITUATION

This area includes all of Portage County, and also includes Warren, Newton Falls, and Weatherfield Township (Miles, McDonald, Mineral Ridge) in Trumbull County. This area demands special attention because of a tremendous influx of population resulting from the munitions plant and Army ordnance depot in Portage County, the Army installation at Lordsburg in Trumbull County, and the steel mills and other heavy industry in and around Warren.

The population of this area is estimated to be 135,000 as of October 1942. This represents an increase of over 20 percent since 1940. At present there are 66 actively practicing physicians in this area. This figure is exclusive of phy-

sicians not engaged in private practice of medicine, and is also exclusive of those physicians who because of age or ill health, are not active. Although the residents of this area may depend on Akron, Youngstown, and Cleveland for certain special diagnostic and therapeutic services, these cannot be considered a substantial contribution to the medical care of this area. In addition to the 66 physicians in private practice, there are 9 industrial physicians in this area; 8 of them are employed at the Athens Powder Co. and 1 at the Republic Steel Corporation plant. None of these renders service to families of employees.

HANDLING OF PROBLEM

It is recognized that conditions in this area are not satisfactory. The Ohio Procurement and Assignment Service committee has given the situation careful consideration, and is making an effort to place several physicians in Portage County in the immediate future. The physicians now in Portage County are working unusually hard, but feel that they are managing to render the necessary medical service. The committee, however, is hopeful of favorable results in its effort to move physicians to this area.

It should be pointed out that the Procurement and Assignment Service committee recognized at the beginning of the recruiting program, that this particular area could not be expected to furnish any of the physicians needed for the armed forces. All of the physicians in this area were, therefore, classified as essential. The fact that this area has lost two physicians to the Army comes as a result of Reserve Commission held by these men prior to the emergency.

SUMMARY OF SURVEY REPORT ON ROSSFORD AREA, OHIO

DESCRIPTION OF SITUATION

A letter from the local selective service board addressed to the President, and referred to this office, first brought this situation to the attention of the Procurement and Assignment Service. The central office requested an immediate report from the State chairman in Ohio, and the State chairman made an investigation of the situation.

Rossford is a community of between 4,000 and 5,000 population, which may be regarded as a suburb of Toledo, Ohio. Three physicians had practiced in Rossford prior to the war, and two of them are already in military service. The third physician has been regarded as available by the Procurement and Assignment Committee.

Because residents of this area can obtain medical care from Toledo, a city well supplied with physicians, the State chairman does not regard the situation as at all acute. Nevertheless, the State chairman and the committee are endeavoring to locate an older physician in this area, and hope to be successful.

HANDLING OF PROBLEM

Since in the judgment of the State chairman no critical shortage of medical care would exist as a result of the loss of the third physician in this area, this physician's available classification was not revised. The fact that this town is a suburb of Toledo makes it possible for residents to obtain necessary medical care from the physicians remaining in that larger city. However, an effort is being made by the State chairman to relocate an older physician into Rossford.

There are other communities, however, which are showing widespread shortages not only of hospital beds and clinics, but also of physicians and nurses. These shortages are the more keenly felt because they are associated with a general lack of housing units, of transportation facilities, and of the goods and services to which our people have grown accustomed. As rapidly as possible, all of these shortages must be met, but even as it is not easy to build houses and hospitals when questions of priorities in materials arise, so it is not easy to dislocate physicians when questions of priorities in services must be faced. It is necessary to determine the availability status of every physician in the country before dislocation can be recommended as either desirable or feasible.

Up to the present time approximately 500 communities have been reported to the Procurement and Assignment Service as in need of additional medical services. State chairmen for physicians have been requested to have these communities surveyed with a view to ascertaining what the needs are. So far, 145 reports have been received.

I have the report here, from the various States; it is not complete, though.

Senator MILLIKIN. Tabulated?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Insert the tabulation.

(The tabulation follows:)

EXHIBIT B.—Summary by State of number of critical areas surveyed with chief findings of surveys

State	Number of critical areas for which report has come in	Number of areas in which physician shortage was found	Number of additional physicians needed	Type of medical shortage
United States.....	145	60	225	
Alabama.....	5	4	105	General practitioners, hospitals in 3 areas.
Arizona.....	1	1	1	Surgeon.
Arkansas.....	2	1	1	None.
California.....	2	1	2	Hospital shortage.
Colorado.....	3	3	16	General practitioners and V. D.
Connecticut.....	5			Hospital shortage in 2 areas.
Delaware.....				
District of Columbia.....				
Florida.....	11	3	4	1 hospital, general practitioners.
Georgia.....	4	4	4	General practitioners and V. D.
Idaho.....	5	1	1	
Illinois.....	2	2	3	General practitioners, pediatricians.
Indiana.....	2	2	3	
Iowa.....	2	2	3	
Kansas.....				
Kentucky.....				
Louisiana.....	1			None.
Maine.....	7	5	25	Hospital; general-care clinics.
Massachusetts.....	1			None.
Michigan.....	5	2	2	None.
Minnesota.....				
Mississippi.....				
Missouri.....				
Montana.....				
Nebraska.....	1	1	3	Also hospital shortage.
Nevada.....				
New Hampshire.....	1			Hospital shortage.
New Jersey.....				
New Mexico.....				
New York.....	42	10	19	Hospitals in 6 areas as well.
North Carolina.....	3	2	6	
North Dakota.....	3			
Ohio.....	10	4	5	Hospital care in 5 areas.
Oklahoma.....				
Oregon.....				None.
Pennsylvania.....	2	1	1	General practitioners.
Rhode Island.....	2	2	9	General practitioners and hospitals, both areas.
South Carolina.....	5	2	7	General practitioners.
South Dakota.....				
Tennessee.....	2			None.
Texas.....	6	4	7	Hospital shortages in 2 areas.
Utah.....	2			Hospital beds.
Vermont.....				
Virginia.....	3	2	7	Hospital and general medical care.
Washington.....	9	6	13	Hospitals needed in 4 areas.
West Virginia.....	2			None.
Wisconsin.....				
Wyoming.....				

Dr. LAPHAM. These indicate that 137 of these communities show a shortage of hospitals, hospital beds or clinics. Sixty communities are found to need one or more additional physicians, the total requirements being 226 physicians for the communities reporting. The most widespread need is for general practitioners although there are also requests for surgeons and specialists, particularly obstetricians, pediatricians, and eye, ear, nose and throat specialists. It is probable that upward of 1,000 physicians will need to move or be moved from areas now oversupplied to those undersupplied.

Relocation of physicians—to meet the medical care requirements in areas affected by war activities, Procurement and Assignment Service has thus far encouraged the voluntary relocation of physicians. There are available for this purpose the following groups:

- (1) Interns and residents who, on application for a commission in the Medical Corps of the United States Army, have been rejected because of physical disability;
- (2) Women physicians;
- (3) Qualified refugee physicians; and
- (4) Older retired male physicians who desire to return to active practice for the duration.

It is generally desirable to relocate physicians who are not essential in their present positions and for that reason physically disqualified interns and residents, on completion of their hospital assignments, are suitable for relocation since they have not yet built up a practice anywhere and may, therefore, be expected to go wherever the need is great. Women physicians who have not been in active practice are proving most useful in this emergency as are certain refugee physicians, especially if they have been licensed to practice in one or more States.

We do not have a complete count of all the physicians who have been relocated on a voluntary basis. Reports from 32 States show that 275 physicians have been relocated, 45 to serve in industries or institutions and 231 to engage in general practice.

I am sorry to say I do not have that quite complete yet, but I will submit it for the record as soon as it is completed.

Many of these movements undoubtedly forestalled the development of medical shortages and were arranged by State and local Procurement and Assignment Service committees or by individual physicians in anticipation of a critical need. Probably most of the relocations have been with the States because of difficulties encountered under present licensure laws for physicians to attempt to enter States in which they are not presently licensed.

Anticipated need for greater mobility: It is not unlikely that upwards of 500 physicians have been relocated thus far on a voluntary basis.

I should like to state here that Procurement and Assignment Service does take responsibility for relocating these physicians and many State and local groups have been instrumental in relocating them, or convincing them the need was great or possibly the opportunity was shown to the physicians. Nevertheless, we have not been responsible for getting all of the 40,000 in the Army, many volunteered, and we had to hold some back, so that we have attempted to head it up, more or less,

but we are not taking the entire responsibility for the Army and Navy medical procurement program.

However, greater mobility will be necessary in 1943 as more practitioners are drawn into the armed forces and as more war-activity communities spring up. Sometimes the movement of a single physician will suffice to relieve the need in a small community which is about to lose, or has already lost, its only effective practitioner. But there are many instances in which a considerable number of doctors is required to care for workers in industrial plants and for the families of those workers. Furthermore, hospitals and medical schools are hard pressed to carry on their essential work especially in teaching and in research in war medicine. Other institutions, such as homes for the aged, hospital for patients suffering from mental disease or tuberculosis, and institutions for dependent and delinquent children, these and many others are feeling the crippling effects of depletion of resident medical staff.

Procurement and Assignment Service cannot, in all probability, secure in a voluntary basis all the physicians required for private practice, for industry, and for staffs in institutions and agencies. Oftentimes, where the need is most acute the conditions of practice are not attractive financially or otherwise. Physicians will neither seek nor be sought by some communities where, nonetheless, medical services are needed. Under such circumstances it may be necessary to invoke compulsion or subsidy for physicians.

A precedent is found in the experience of Great Britain where, during the first year of the war, recruitment for the services was on a voluntary basis and where subsequently compulsion was used and physicians were sent where needed on recommendation of the central medical war committee. It appears to be inevitable that some procedure more potent than the present one will have to be employed in certain instances.

Classification of physicians: In order that the State committees and the central office of Procurement and Assignment Service may be in a position to make further withdrawals of physicians for the services in an orderly and equitable manner, while at the same time providing for civilian needs, there is being issued by the central office instructions for the classification of physicians.

I submit this for the record, and incidentally, Dr. Lahey, Dr. Diehl, Dr. Stone, Dr. Paullin, and myself, who are members of the Board, are beginning this week to have corps area meetings in the nine corps areas where the reclassification of the remaining physicians in civilian life is being discussed. We are having the remaining physicians classified on the basis of their availability, breaking down even further than the Selective Service has, categories, so far as dependents are concerned and so far as the duties of physicians are concerned, so that in the future there will be an even withdrawal of physicians, we expect, and also young unmarried physicians will be removed first. We will complete the file of Selective Service classification in that respect and if we do that, on this basis, few doctors who should be dislocated

for military service, we may be able to invoke the authority of Selective Service, if that becomes necessary, although I expect that it may not.

Senator MILLIKIN. That may be entered in the record.

(The document entitled "War Manpower Commission, Washington, D. C., December 8, 1942," subject: Classification of Physicians, is as follows:)

EXHIBIT D

WAR MANPOWER COMMISSION,
Washington, D. C., December 8, 1942.

To: State and corps area committees.

From: Directing Board, Procurement and Assignment Service.

Subject: Classification of Physicians.

In order that the Procurement and Assignment Service may have accurate information as to the status of the physicians remaining in civilian life, it is essential that an immediate appraisal of these physicians be made and a summary report submitted to the central office in Washington. Such a report will be requested from all State chairmen early next year. Before that time, records should be set up in local Procurement and Assignment Service offices that will furnish the information necessary for re-determination of availability and for establishment of the order of call for physicians who will be asked to seek commissions during 1943. As soon as the cards in the local offices are complete, copies are to be sent to the State chairmen who will then be in a position to compile a State report to be sent to the central office by about February 1, 1943. For the purpose of this Nation-wide report each physician should be classified in one of the following categories:

Class I. Available.

A. Potentially qualified for service, i. e., has not been rejected by Army.

1. Unmarried or married but not maintaining a home with wife and/or children.

2. Married and maintaining a bona fide home with wife and/or children.

(a) Married with no children.

(b) Married with 1 child.

(c) Married with 2 children.

(d) Married with 3 or more children.

B. Not eligible, on account of age, physical disability, or other reason, for service with the armed forces, but considered available for civilian medical services associated with the war effort.

Class II. Essential for limited duration or until a replacement can be secured.

A. For community medical care.

B. For medical teaching or war research.

E. For industry.

C. For hospital service.

D. For public health.

Class III. Essential for unlimited duration.

A. For community medical care.

B. For medical teaching or war research.

C. For hospital service.

D. For public health.

E. For industry.

Class IV. Physicians not available for either military or emergency civilian services because of—

- A. Physical disability or age.
- B. Ethical and professional shortcomings.
- C. Retirement or engagement in work not directly or indirectly connected with the field of medicine.

Class I.—Physicians considered available during the war for service other than in their present situations.

Class IA.—Male physicians under 45 years of age presumably physically qualified for service, with subclasses 1 and 2 indicating the order of call in conformity with selective-service laws and regulations. For example, a physician, considered available, who is under 45 years of age and maintaining a home with wife and 2 children would be classified as IA—2c.

Class IB.—Male physicians under 45 years of age who have been rejected for military duty but who are able to carry on civilian work; males over 45 who might be willing to relocate; females; and aliens.

Class II.—Physicians for whom it is assumed that satisfactory substitutes may be obtained and those who may be released as a result of changes in their personal situations or in conditions affecting the institutions employing them.

Class III.—Essential physicians for whom, according to present conditions, the chances are small of finding a satisfactory replacement.

Class IV.—Physicians who cannot be expected to contribute to medical service.

Class IVA.—Physicians with marked physical disabilities, including old age, which make them incapable of practicing their profession.

Class IVB.—Physicians who, because of unethical conduct or professional incompetence, are not acceptable for service in the community or elsewhere.

Class IVC.—Physicians who are retired from activities connected with medical care and those who have been engaged in occupations unrelated to medicine for so long that their return to medical work is not feasible.

CRITERIA OF ESSENTIALITY FOR PHYSICIANS IN COMMUNITY MEDICAL CARE

As a basis of planning on a national scale, an over-all ratio of 1 effective practitioner of medicine to 1,500 population has been adopted by the Directing Board of the Procurement and Assignment Service as the minimum below which it would be unsafe to reduce civilian medical service. In any specific area of medical practice the ratio should, as a rule, be not more than 3,000 population to 1 effective practitioner, particularly in military and war production areas.

Obviously the ratio of 1:1,500 cannot be applied to local communities or even to all States. There are many portions of the country and even some States which never have had this ratio of physicians to population. Many of these areas could not support more medical service than they have had which, in some instances, has been not more than 1 physician to 3,000 or 4,000 population. From such areas obviously no physicians should be withdrawn or permitted to enter the armed services unless replacements can be obtained. Indeed, in some of these areas physicians should be added. In general the basis for the designation of physicians in private practice as available or essential will vary with the number of physicians in the community, the area of the community, and the population thereof.

Rural and isolated communities with less than 10 private practitioners.—The following elements are to be considered: (1) Number and age of other private practitioners in the community; (2) the physician's specialty, if any; and (3) distances from other communities with available medical facilities.

Among the practitioners under 45 years of age, the only specialist of a kind in the community should be considered essential (IIA or IIIA) unless the distance between the community in question and another possessing similar specialists is small enough to permit these specialists to serve both communities. In general it is to be expected that the only surgeon, the only roentgenologist, the only otolaryngologist, and the only obstetrician will be declared essential even though under 45 years of age.

Aside from the only specialists, none of the practitioners under 45 years of age should be considered essential either temporarily or permanently for civilian medical care (classes IIA or IIIA) except those who are needed to keep the patient load of the remaining physicians at a feasible level. This level will vary from place to place, depending upon the pre-war status of medical facilities in the particular community. If any physicians are to be withdrawn from such communities, their selection should be made from the physicians under 45 years of age in accordance with the order of call outlined on page 1 (see IA-1 and 2).

In case an isolated rural community possesses only one effective practitioner, he should be declared essential irrespective of his age and placed in class IIA or IIIA. If there are two effective practitioners in a community for which one is adequate and both are under the age of 45, the one who would be subject to earliest call by selective service should be declared available. For example, if one of two practitioners under 45 is single and the other married with 2 children, the former physician is to be declared available.

For communities which are not within the transportation system of an urban center and which contain less than 10 practitioners, the same considerations hold as for the rural and isolated communities. However, if the distance to the urban center can be easily traversed, the only specialist of a kind need not in all cases be classed essential.

An additional element to be considered is the flow of patients from rural and suburban communities to urban centers. As a result of this flow, communities with an inflow of patients require more physicians relative than do those with an outflow.

Communities with 10 or more private practitioners.—The factors to be taken into account include: (1) Number and age of effective private practitioners; (2) geographic distribution of practitioners (especially in the large cities); (3) inflow of patients from outside the city; and (4) the physician's specialty.

The inflow of patients to urban communities for medical care may in certain cases be considerable, and allowance should be made for this in determining the potential patient load of the physicians of the community.

Practicing physicians under 45 years of age who are not essential to medical schools, hospitals, public-health services, or war industries will be considered available in class IA or IB except for the number needed to carry the patient load in excess of that which the physicians 45 years and older can handle. If some physicians under 45 are to be considered essential, they should be selected in conformity with the order of call outlined above.

Specialists under 45 years of age in urban communities are usually available unless they are on the essential lists of hospitals or medical schools or unless their practice is limited to outlying districts or circumscribed communities within the city which cannot be adequately served by other practitioners in the same specialty.

CRITERIA OF ESSENTIALITY FOR INSTITUTIONS AND RELATED GROUPS

In determining the essentiality of a physician whose professional activities are part of those performed by an organized medical group, whether hospital, medical school, industrial organization, or independent group clinic, due consideration should be given to the physician's contribution to the completeness of the service given by the group. An organization is more than the sum of its component parts; physicians who work together must therefore be considered in relation to the importance of the individual physician to the adequacy of the medical service given by the institution. The total contribution of the medical service given by the institution or organization shall also be considered in relation to the total population served by the institution, clinic, or organization, compared with the contribution of other medical facilities and the population served.

Criteria of essentiality for medical teaching and research.—The Procurement and Assignment Service has recommended that medical schools should limit the size of their faculties to the minimum number essential for the conduct of an adequate teaching program. Lists of faculty members considered essential on this basis have been submitted to the Procurement and Assignment Service by the deans of the respective medical schools (Form No. 91, June 15, 1942.)

Criteria of essentiality for hospital service.—On August 12, 1942, a questionnaire (Form No. 109) was sent to administrators of hospitals approved for internships and/or residencies, requesting a list of essential members of hospital staffs and giving broad criteria of essentiality. On October 12, 1942, a memorandum (Form No. 140) was sent to deans of medical schools giving instructions about the commissioning of interns in the Army and the Navy.

FULL-TIME STAFF

Interns.—Under authorization of the Surgeon General of the Army and the Surgeon General of the Navy, medical-school graduates are allowed 1 year of internship to be completed within the 18 months following graduation before being called to active duty. During this period they need not be considered with the essential hospital staff unless their number affects the number of other staff members required by the hospital (see Form No. 109, August 12, 1942, and Form No. 140, October 12, 1942).

Residents.—In certain hospitals residents are definitely essential for the adequate care of patients and/or the clinical instruction of medical students. However, in view of the urgent need of the Army and the Navy for young medical officers, the number of residents listed as essential must be kept to the absolute minimum. For 1942 the directing board of the Procurement and Assignment Service has suggested that the number should be reduced by at least 50 percent to the number of residents the hospitals had before the war. For 1943 this number must be reduced still more. Having determined the minimum number of residents that are essential, selection should be made from the following groups in the order indicated: (1) Physicians who cannot qualify for service with the Army or the Navy; (2) present interns or residents who are deferred by Selective Service. In this group preference should be given to those who are deferred in class 4-F or class 3-B (selective-service classification); (3) present interns who hold commissions in the Army or the Navy. No assurance can be given that deferment of active duty will be permitted for this group. If it is, each case will have to be certified as essential by the State and corps area committees of the Procurement and Assignment Service.

The essentiality or availability of other staff physicians should be considered in relation to (1) the established function of the hospital, and (2) the special qualifications of the physician and the services rendered by him. The need for physicians will differ according to the type of hospital or related institution, such as a general hospital, a tuberculosis sanatorium, or a home for the aged. They will be different also for a general hospital with public wards from one admitting only pay or part-pay patients. Only those full-time members of hospital staffs should be classed as essential who are responsible for the execution of the established activities of the institution. A physician designated as full-time who limits his services to the care of his own patients is not necessarily to be regarded as essential to the hospital.

PART-TIME STAFF

Following the same line of reasoning, a physician giving only part-time service to a hospital or one designated as visiting physician may be regarded as essential to a particular hospital only if he is rendering necessary services which cannot be supplied by other physicians in the community.

Criteria of essentiality in public health.—In a memorandum dated August 22 (Form No. 129) the Directing Board authorized the rating of "essential" for the heads of the health departments of administrative units such as cities, States, and counties; and for the chiefs of bureaus within the health departments of the individual political units. Such individuals will, therefore, be placed in class 3 or 2 depending upon the possibility of replacement. The determination of the essentiality or availability of the physicians who occupy lower ranks than those above, or who are engaged part time in public-health work, will depend upon the nature of their work, the needs of the community, and the special qualifications of the individuals for the kind of service they render. Special consideration should be given to the importance of these services to the health

programs in communities directly affected by the war either through large population increases or through the loss of physicians.

Criteria of essentiality in industrial medicine.—In a memorandum dated August 22 (Form No. 121), the Directing Board authorized the rating of "essential" for two groups of industrial physicians. First, full-time chiefs of State industrial hygiene bureaus and key members of their staffs. Second, certain physicians working in industries which produce priority materials. These physicians must (1) give their full time to this work, (2) have been so employed for 2 years (or have been especially trained), (3) be carrying on an acceptable program, and (4) be ranked as medical directors or department heads. Assistants may be temporarily deferred at the request of the directors until replacements can be found. Physicians who are "on call" for industrial service are not to be considered as essential, except those who devote a great part of their time to a number of small plants. In such cases they should be classified as essential until other arrangements can be made for the care of the workers. Men under the age of 38 should not be considered essential in industry except under most unusual circumstances.

Dr. LAPHAM. To aid State and local committees in the work of classification, a card for the recording of requisite factual data as to age, sex, citizenship, marital status, availability status, and so forth, has been prepared by the central office. A supply of these cards may be obtained by any State requesting them.

A classification card must be filled out for every physician before February 1, 1943, so that a Nation-wide report may be prepared on the number of physicians available and essential in every community, the type of practice in which these physicians are engaged, and similar pertinent information. Criteria of essentiality have been established for physicians in civilian practice, in hospitals, medical schools, institutions, industry, and public health agencies.

And, incidentally, we have taken into consideration and essentiality of the physician, as to whether he is, by virtue of his age, able to carry on a complete practice or whether he is handicapped and can only devote a part of his time to the practice of medicine.

QUOTAS FOR PHYSICIANS IN 1943

In order that there may be a fair division of medical and related professional personnel between the services and the civilian population, it has been agreed by mutual consent of the services concerned and of the Directing Board of Procurement and Assignment Service that only 11,455 physicians will be recruited for the services in 1943, and that 80,000 effective practicing physicians will be retained for the civilian population, allowing an over-all ratio of 1 physician to 1,500 population. These figures were arrived at after an analysis was made of the distribution of physicians as of November 1, 1942.

Senator MILLIKIN. Would you mind reading that last statement again?

Dr. LAPHAM. In order that there may be a fair division of medical and related professional personnel between the services and the civilian population, it has been agreed by mutual consent of the services concerned and of the directing board of procurement and assignment service that only 11,455 physicians will be recruited for the services in 1943, and that 80,000 effective practicing physicians will be retained

for the civilian population, allowing an over-all ratio of 1 physician to 1,500 population. These figures were arrived at after an analysis was made of the distribution of physicians as of November 1, 1942.

Senator MILLIKIN. Those are effective physicians?

Dr. LAPHAM. Those are effective physicians; yes, sir.

I have here the background of the analysis of the figures, and there are, where it says "total physicians listed for United States as of April 1942, are 176,195," approximately. There may be a few more than that, but that was the basic figure we had been using and we felt that any more than that would be all to the good, so far as civilian population is concerned.

We have deducted for deaths and duplication, full-time physicians in certain governmental and private agencies, and residents, and house officers; and have made adjustments for age, considering physicians in civil practice over 65 as one-third effective; have made an adjustment for physicians under 65 who are completely or partially ineffective as practitioners; and the number of physicians needed for care of civilian population at a ratio of 1 to 1,500 is approximately 83,000 physicians for active practice in the civilian practice.

We have deducted, of course, the number of physicians who are already in the various services and that leaves a balance available for next year, on the basis of our figures for November 1, 1942, of 11,455 physicians who may be withdrawn to the services and still maintain an over-all ratio of 1 to 1,500 in civil life.

That does not mean that those remaining are necessarily equally distributed, but it means that there will be that number of effective physicians retained.

I will insert this "Analysis of the Availability of Physicians in the United States as of November 1, 1942," in the record.

(The document referred to is as follows:)

EXHIBIT F

Analysis of the availability of physicians in the United States as of Nov. 1, 1942

Total physicians listed for United States as of April 1942.....	176,195	
Duplicate.....	243	
Deaths up to Sept. 30 (estimated).....	2,100	
	2,343	-2,343
Adjusted total.....	173,852	
Not previously listed.....	+715	
Additions to profession (recent graduates, etc.).....	+4,470	
Total physicians listed for United States as of Sept. 30, 1942.....	179,037	
Full-time physicians in certain governmental and private agencies.....	-14,450	
	164,587	
Residents, house officers (estimated).....	-3,000	
	161,587	

Adjustment for age—considering physicians in civil practice over 65 as one-third effective—two-thirds of 27,893 physicians over 65.....	-18,655
Adjustment for physicians under 65 who are completely or partially ineffective as practitioners (approximately 5 percent).....	-7,000
	25,655

Equivalent number of effective physicians for medical service.....	135,932
Number of physicians needed for care of civilian population at 1 to 1,500—80,000 and replacement for deaths of civilian practitioners for 1 year.....	-83,400
	52,432

On active duty as of Sept. 30, 1942:	
Army.....	31,400
Navy.....	6,104
United States Public Health Service.....	1,059
	38,573
	-38,573

Maximum number of physicians that can be safely withdrawn from civil practice as of Oct. 1, 1942.....	13,850
Approximate number called to duty by Army, Navy, and United States Public Health Service during October (estimated).....	-2,404
	11,455

Dr. LAPHAM. In July 1942, the first quota was assigned to the States so that each might contribute its fair share to the services. On December 11, 1942, the second quota was established which calls for an additional 7,671 physicians to be selected from the several States by November 1, 1943. At the present time five States still must contribute a fairly large number of physicians in order to meet this year's quota by December 31. Eight other States still had a few more to recruit at the end of October, but by now have probably finished their task. Recruiting during 1943 will be carried on in only 20 States and the District of Columbia. These 20 States will include some of those which, on October 31, 1942, had not completed their first quotas and some of those which are subject to a second quota. In order not to deplete States that already have a population of more than 1,500 per effective private practitioner, active recruiting will be avoided in those States which on October 31, 1942, had an estimated population in excess of that ratio.

That is 11,455 constitute the physicians who may be withdrawn next year, plus those who have not been withdrawn this year from the States that have not met their quotas, which are largely the five big metropolitan areas, such as Massachusetts, New York, Pennsylvania, Illinois, and California.

At the present time five States must contribute a fairly large number of physicians in order to fill their yearly quota by December 31 and eight other States still had a few more to recruit by the end of October, States in excess of that ratio, and the estimated quotas are stated here with the ratios that existed as of October 31, 1942.

(The two documents entitled: "Allocation to the States of a second quota of Physicians," and "Population per effective practicing physicians as of October 31, 1942," are as follows:)

EXHIBIT G

Procurement and assignment service for physicians, dentists, and veterinarians—allocation to the States of a second quota of physicians

The second quota was determined as follows:

Continental United States:	
Total number available in excess of civilian needs.....	52,432
Oct 31, 1942:	
Number on extended active duty ¹	40,977
Remainder available.....	11,455
Allowance for deficit remaining from first quota ²	3,784
Second quota.....	7,671

Approved by the Board subject to revision resulting from report of number entering active duty, Oct. 31 to Nov. 11, 1942

State	Second quota ³	Number required as of Oct. 31, 1942		State	Second quota ³	Number required as of Oct. 31, 1942	
		To meet first quota	To meet first and second quotas			To meet first quota	To meet first and second quotas
Total.....	47,671	3,784	11,455	Montana.....	26	26	26
Alabama.....	71	71	71	Nebraska.....	97	27	124
Arizona.....	142	495	1,107	Nevada.....	8	12	20
Arkansas.....	77	77	77	New Hampshire.....	38	18	56
California.....	148	135	283	New Jersey.....	341	1,902	3,441
Connecticut.....	123	123	123	New York.....	1,709	3,611	3,611
District of Columbia.....	113	113	113	North Dakota.....	29	29	29
Florida.....	711	499	1,210	Ohio.....	478	98	678
Illinois.....	139	139	139	Oklahoma.....	74	74	74
Iowa.....	103	103	103	Pennsylvania.....	816	183	999
Kansas.....	43	43	43	Rhode Island.....	54	14	68
Kentucky.....	137	137	137	South Dakota.....	18	18	18
Louisiana.....	449	400	849	Texas.....	20	20	20
Maine.....	27	27	27	Vermont.....	31	4	35
Massachusetts.....	227	227	227	Washington.....	195	84	279
Michigan.....	260	260	260	Wisconsin.....	195	84	279
Minnesota.....	260	260	260	Wyoming.....	195	84	279

¹ Includes Army, Navy, and United States Public Health Service, commissioned corps.

² The States which had not met their first quotas as of Oct. 31, 1942, with the number required to meet the quotas, are identified in column 2 of the table.

³ Method of allocation: (a) The number 4,032, representing the total amount by which 35 States had exceeded their first quotas as of Oct. 31, 1942, was added to 7,671, the number to be allocated in the second quota. A preliminary allocation of 11,723, the resulting sum, was made among the 48 States and the District of Columbia on the basis of the ratio of active private practitioners (number remaining as of Oct. 31, 1942) to population (May 1942 official estimate). This method provides a preliminary allocation independent of the effect of the excess accruing from States which had exceeded their first quotas as of Oct. 31, 1942 that is, be first that certain States had exceeded their first quotas as of Oct. 31, 1942. (b) The number thus allocated from a total of 11,723 to a given State was then added to its first quota, the resulting figure being compared with the number of physicians on extended active duty as of Oct. 31, 1942. "Excess" States (i.e., those in which the number of physicians on extended active duty as of Oct. 31, 1942, exceeded the combined total of the first quota and the number allocated from 11,723) were then eliminated. (c) The second quota of 7,671 was then allocated among the remaining States on the basis of (1) the ratio of active private practitioners remaining as of Oct. 31, 1942, to population (1942, official estimate), for States which had met or exceeded their first quotas on that date; (2) the ratio to population of active private practitioners remaining as of the date of fulfillment of their first quotas, for States which had not met their first quotas as of Oct. 31, 1942.

The second quota of 7,671 takes into account the reduction of 123 made in the District of Columbia as allocation from the first States' quota. The original total of the first States' quota was 35,000; the revised total, allowing for the reduced allocation to the District of Columbia, is 34,877.

Population per effective practicing physicians, as of Oct. 31, 1942

Total, United States.....	1,400	Montana.....	1,674
Alabama.....	2,806	Nebraska.....	1,285
Arizona.....	1,660	Nevada.....	1,287
Arkansas.....	1,948	New Hampshire.....	1,251
California.....	1,141	New Jersey.....	1,305
Colorado.....	1,391	New Mexico.....	2,449
Connecticut.....	1,167	New York.....	885
Delaware.....	1,708	North Carolina.....	2,190
District of Columbia.....	926	North Dakota.....	1,773
Florida.....	1,538	Ohio.....	1,412
Georgia.....	1,986	Oklahoma.....	1,749
Idaho.....	1,971	Oregon.....	1,407
Illinois.....	1,152	Pennsylvania.....	1,246
Indiana.....	1,639	Rhode Island.....	1,316
Iowa.....	1,454	South Carolina.....	2,357
Kansas.....	1,513	South Dakota.....	2,130
Kentucky.....	2,045	Tennessee.....	2,078
Louisiana.....	2,349	Texas.....	1,873
Maine.....	1,634	Utah.....	1,629
Maryland.....	1,378	Vermont.....	1,220
Massachusetts.....	1,033	Virginia.....	1,904
Michigan.....	1,667	Washington.....	1,580
Minnesota.....	1,263	West Virginia.....	1,966
Mississippi.....	2,481	Wisconsin.....	1,411
Missouri.....	1,404	Wyoming.....	1,738

Dr. LAPHAM. However, in special cases, if a young, physically fit physician in one of the States that has already been depleted can be spared and wishes to enter the services, he will be permitted to do so and he will be credited to the second quota.

And I might explain that, in view of that fact in a number of States we are running across the situation of a young physician of 28 or 29 years of age who lives in a State where the quota has already been reached and he is eminently qualified for military service. He may be from a metropolitan area from a State where the ratio is about 1 to 1,500 in other parts of the State, but yet some parts might be depleted, and we might give him the choice of going to another community where he is needed or going into the service.

We have no way of preventing a man from going into the service, and after giving him this choice and declaring him available for duty elsewhere, whether military or civilian, it is practically out of our hands.

Proposals for strengthening present methods of distributing medical personnel: In order to increase mobility of civilian physicians, the following proposals are under discussion:

(1) To encourage the States where needed to pass a uniform licensure bill that would permit granting of temporary certificates to out-of-State physicians for the duration—

Senator MILLIKIN. Let me interrupt.

I would like to suggest that if you want to get that bill through the various legislatures, you will have to hurry, because the legislatures meet in the States shortly after the first of the year.

Dr. LAPHAM. We have already done something about it, sir.

I have a model law here which has been discussed by the various agencies and also a statement of recommendations which we will present to the State boards of licensure provided there is a need for a change in the licensing laws.

I will read that, if you do not mind.
 Senator MILLIKIN. I believe it would be a good thing to have that in the record.
 Dr. LAPHAM (reading):

STATEMENT OF PRINCIPLES TO BE RECOMMENDED TO THE RESPECTIVE STATE BOARDS OF REGISTRATION AND EDUCATION IN MEDICINE

1. The need for relocation or assignment of physicians shall be determined by the Directing Board of the Procurement and Assignment Service with the aid of the State Committees of the Procurement and Assignment Service and other agencies and on agreement with the State Boards of Registration and Education in Medicine.

I. These needs shall be met as far as possible by the relocation of physicians holding licenses within the State.

1. I. Whenever possible needs shall be met by taking full advantage of existing provisions for reciprocity between the States and interstate endorsement.

1. V. Whenever existing laws make impossible the granting of temporary certificates, State Boards should recommend to the Governor and to the State legislatures the earliest possible enactment of the bill designed to make possible the utilization of physicians under temporary certification.

1. V. When existing measures for relocation of physicians prove inadequate State Boards of Registration and Education may request the Directing Board of the Procurement and Assignment Service to certify to them the names and qualifications of physicians who have volunteered or who may be otherwise available for relocation, at which time also such physicians may be notified that their names have been sent to the State Boards making such requests.

1. VI. The physician who accepts relocation shall agree to assignment to the specific area in which services are required and to acceptance of a certificate which limits the duration of such service to the period of the emergency and for such additional time as the State Boards may prescribe.

1. VII. In view of the emergency character of this action, the Committee representatives, the Directing Board of the Procurement and Assignment Service, and the Federation of State Medical Boards of the United States recommend that fees for such certification be waived or reduced to a minimum.

A draft of proposed legislation to authorize and provide for the temporary admission to practice in this State of physicians to protect the health of the civilian population during the war emergency period.

Let it enacted. * * *

SECTION 1. PURPOSE. A serious public emergency exists or may exist in this State because of the demands of the armed services for physicians. Cooperation on the part of the State, with certain Federal agencies, such as the Procurement and Assignment Service for Physicians, Dentists, and Veterinarians of the War Manpower Commission is imperative, so that temporary relocation of physicians may be accomplished, to overcome acute shortages in specific localities from time to time. For the protection of the health and welfare of the people of the State, power to provide for the temporary admission to practice in the State of physicians, licensed as such outside the State, is hereby conferred upon the State Board of Medical Registration and Education upon conditions and under regulations prescribed by them.

SEC. 2. Power to provide for the temporary admission to practice medicine in the State. To accomplish the purpose set forth in Section 1, and notwithstanding any inconsistent provision of law, the State Board of Registration and Education in Medicine (substitute appropriate licensing agency or group existing in our State) shall have power general regulations or specific orders, to issue temporary emergency certificates to such physicians, licensed as such outside the State, as they shall find qualified to practice as such in the State during

such emergency. The holder of any such temporary certification shall be privileged during the term specified therein, unless sooner revoked, to practice his profession within the State subject, however, to all laws of the State generally applicable to the practice of such profession and to such regulations, restrictions, and area limitations as the State Board (substitute appropriate licensing agency or group existing in your State) may make or impose as to them or any of them and their practice within the State.

Dr. LAPHAM. And, as you see, another possibility is to commission physicians in the United States Public Health Service with a view to sending them to areas of need for which physicians are unavailable on a voluntary basis.

A uniform licensure bill has been prepared by the United States Department of Justice in collaboration with the directing board of Procurement and Assignment Service and with the drafting committees of the Council of State Governors. This bill, as amended, has been accepted in principle by the executive council of the Federation of State Licensing Boards for Physicians, and is now being submitted to the several State boards.

Senator MILLIKIN. Well, it is interesting to have that in the record. Dr. LAPHAM. The Procurement and Assignment Service has called a series of regional meetings of its corps areas and State committees, beginning December 17, at which the program for 1943 will be set forth.

Special emphasis will be laid upon the needs of the civilian population and of industry, and it will be pointed out that if voluntary relocations prove ineffective some form of compulsion is inevitable.

I might say that I have brought along for the record, if you care to have it, some of the outstanding subjects for discussion, some of the outstanding points which are going to be discussed with the corps area groups. Incidentally, and I think it is very important to state it, the Public Health Service is going to participate in these corps area meetings. Dr. Parran has requested that the regional officers of the Public Health Service attend these meetings and we are attempting through our coordinated program to determine the needs in many of the areas that have not been completely appraised up to the present time and also outline ways and means not only with the Public Health Service but with Civilian Defense, with labor and management being called into conferences of the State and corps areas to attempt to take care of the civilian population so far as medical care is concerned.

I might say that in many of the areas which come to our attention and in which it has been stated there is a great need for medical care, upon investigation we find that possibly hospitals or clinics are needed, or other facilities over which we have no jurisdiction, and it is the feeling of the Public Health Service, as well as of Procurement and Assignment Service, that if we can cooperate in this program, then all of the needs, whether they be direct medical care needs or auxiliary services, can be taken care of more expeditiously.

Senator MILLIKIN. With your permission, Doctor, we will have that entered in the record.

Dr. LAPHAM. Yes, sir.

(The document referred to, entitled, "The Material to be Presented to the Corps Areas," is as follows:)

EXHIBIT K

THE MATERIAL TO BE PRESENTED TO THE CORPS AREAS

I. RECORD FOR 1942

Procurement and Assignment Service is over a year old and has done, through its State and corps area offices, a remarkably good piece of work in spite of the many difficulties it has encountered.

It was established by Executive order in 1941, in which the following functions were stated:

(1) To receive from various governmental and other agencies requests for medical, dental, and veterinary personnel;

(2) To secure and maintain lists of professional personnel available, showing detailed qualifications of such personnel; and

(3) To utilize all suitable means to stimulate voluntary enrollment, having due regard for the over-all public-health needs of the Nation, including those of governmental agencies and civilian institutions.

The most important function was carried out first, i. e., the procurement of physicians and dentists for the armed forces for 1942. This has been accomplished by practically all States meeting their quota and by many of them exceeding their quotas. Presented herewith are various data indicating the present status of this function.

(1) Record of physicians and dentists in the Army and Navy through November 1, 1942.

(2) December percentage of each State quota.

(3) Population per active practitioners at specified periods.

(4) Percentage of quotas filled in States in relation to the percent of rural population in each State.

Percentage of State quotas for physicians on extended active duty, by States, Sept. 30 and Oct. 31, 1942

State	Percent of quota		State	Percent of quota	
	Sept. 30	Oct. 31		Sept. 30	Oct. 31
Total credited to States.....	94	100	Missouri.....	98	104
Alabama.....	194	204	Montana.....	112	122
Arizona.....	151	156	Nebraska.....	88	91
Arkansas.....	119	122	Nevada.....	82	85
California.....	76	81	New Hampshire.....	100	107
Colorado.....	120	124	New Jersey.....	101	108
Connecticut.....	70	76	New Mexico.....	224	224
Delaware.....	145	152	New York.....	171	178
Dist. of Columbia.....	76	78	North Carolina.....	160	163
Florida.....	115	118	Ohio.....	104	115
Georgia.....	145	149	Oklahoma.....	129	132
Ideal.....	160	162	Oregon.....	103	113
Illinois.....	72	82	Pennsylvania.....	88	94
Indiana.....	133	136	Rhode Island.....	71	74
Iowa.....	107	116	South Carolina.....	170	174
Kansas.....	206	114	South Dakota.....	137	137
Kentucky.....	105	108	Tennessee.....	158	166
Louisiana.....	206	214	Texas.....	140	147
Maine.....	122	128	Utah.....	106	111
Maryland.....	104	109	Vermont.....	93	96
Massachusetts.....	73	78	Virginia.....	135	138
Michigan.....	114	120	West Virginia.....	115	128
Minnesota.....	94	98	Wisconsin.....	143	153
Mississippi.....	135	161	Wyoming.....	80	85
				153	158

TABLE 2.—1942 quota of physicians, and physicians on extended active duty as of Sept. 30, 1942, as percent of active physicians (pre-war), by State, and percent of rural population, 1942.

State	States' quota of physicians active 1942, as percent of active physicians, pre-war ¹	Physicians on extended active duty, Sept. 30, 1942, as percent of active physicians, pre-war ²	Rural population as percent of total population, 1940 ³	State	States' quota of physicians active 1942, as percent of active physicians, pre-war ¹	Physicians on extended active duty, Sept. 30, 1942, as percent of active physicians, pre-war ²	Rural population as percent of total population, 1940 ³
Total, all States.....	24.3	22.9	43.5	Mississippi.....	13.0	17.0	80.2
Alabama.....	10.4	20.2	69.8	Missouri.....	22.0	21.7	48.2
Arizona.....	16.8	25.4	65.2	Montana.....	15.7	17.7	62.2
Arkansas.....	14.9	17.8	17.8	Nebraska.....	21.9	19.3	60.9
California.....	27.7	21.0	29.0	Nevada.....	22.8	13.4	60.7
Colorado.....	23.4	47.4	32.2	New Hampshire.....	23.3	19.1	42.4
Connecticut.....	22.6	18.1	32.2	New Jersey.....	26.8	26.8	18.4
Delaware.....	21.0	31.9	47.7	New Mexico.....	30.0	24.5	60.8
District of Columbia.....	34.3	26.0	0	New York.....	36.5	26.1	17.2
Florida.....	21.6	21.9	44.9	North Carolina.....	13.3	21.3	12.7
Georgia.....	14.5	22.3	65.9	North Dakota.....	14.4	15.6	70.4
Idaho.....	13.8	22.0	66.3	Ohio.....	23.8	24.8	33.2
Illinois.....	28.4	18.9	26.4	Oklahoma.....	15.7	20.2	62.4
Indiana.....	21.3	28.3	44.9	Oregon.....	21.7	22.3	51.2
Iowa.....	21.5	24.0	57.3	Pennsylvania.....	24.4	21.4	33.5
Kansas.....	19.7	26.8	58.1	South Carolina.....	12.8	21.4	73.5
Kentucky.....	14.6	21.1	70.2	South Dakota.....	11.7	21.4	75.4
Louisiana.....	16.1	33.1	58.5	Tennessee.....	14.7	23.2	64.8
Maine.....	19.2	23.4	39.0	Texas.....	17.4	24.4	44.6
Maryland.....	23.4	24.2	40.7	Utah.....	18.0	19.0	44.5
Massachusetts.....	29.4	21.5	10.6	Vermont.....	24.1	22.5	65.2
Michigan.....	20.0	22.9	34.3	West Virginia.....	16.4	22.1	64.7
Minnesota.....	23.1	21.6	50.2	Wisconsin.....	20.5	23.6	45.5
				Wyoming.....	14.2	20.3	71.9
					19.6	15.6	46.9
					15.9	24.5	62.7

¹ The number of physicians in the pre-war period (i. e., late 1941, but corrected for deaths through March 31, 1942) was obtained from the census conducted by the committee on medical preparedness of the American Medical Association. Physicians serving in the Regular (pre-war) Army, Navy, and U. S. Public Health Service, Interns, and residents have been excluded. Active physicians have been estimated by excluding two-thirds of all physicians 65 years of age and over. The resulting figures thus include both private practitioners and physicians employed full time in State and local official health agencies, medical schools, industrial plants, etc. The use of this base in the computation of the percentages shown here is necessary since both private practitioners and physicians holding full-time appointments, not in private practice, contribute to the States' quotas. However, the allocation of the States' quotas for 1942 was made in proportion to the pre-war number of active private practitioners weighted by the ratio of physicians of this category to the population.

² The number of physicians on extended active duty as of September 30, 1942, was obtained from reports to the Procurement and Assignment Service from The Adjutant General of the Army and the Bureau of Naval Personnel of the Navy (table No. 24, October 24, 1942).

³ Source: Urban and Rural Population of the United States, Farm and Nonfarm, by Regions, Divisions, and States: 1940; U. S. Department of Commerce, Bureau of the Census, Washington, D. C., series P-10, No. 2, February 27, 1942.

⁴ The percentages shown in columns 1 and 2 represent totals for the States; they are exclusive of interns and residents who are allocated to and credited toward a central quota.

II. TASKS FOR 1943

(1) Further procurement of physicians and dentists for all armed forces.

(2) Adequate medical personnel for all civilian needs.

The logical approach to these tasks require the determination of the minimal desirable ratio of physicians to civilian population and the determination of the available personnel for the armed forces.

You are all aware that we arrived at a ratio of 1 physician to 1,500 population. This ratio was determined on the following basis:

- (1) Lee-Jones studies, hours of actual service by physicians to practice.
- (2) Maryland, Ohio, and Connecticut studies.
- (3) Our own study of the problem which was based on the pre-war ratios of physicians to population.

In a recent conference with the three Surgeons General, Mr. McNutt, and Selective Service, it was agreed that this ratio of 1 to 1,500 for the civilian population was determined and should be used for planning purposes.

Having determined this ratio, the next step was to determine the number of physicians available for military duty in 1943. Attached herewith is the analysis which indicated an available personnel of 11,455. This represents the number of physicians available for the remainder of 1942 and for 1943.

III. METHOD OF APPROACHING TASK

In order to arrive at a fair appraisal of the physicians to be declared available in 1943, we must appraise every physician in the States. To accomplish this purpose, we prepared the attached memorandum entitled "Classification of Physicians." This may be used by dentists as well.

This appraisal will necessitate having a record system in each State office so that the information may be placed upon a card for each physician remaining in civilian practice at the present time.

A sample card is attached herewith. If you already have a card on which such information can be placed, it is not necessary to make use of this sample.

It has seemed to us in the appraisal of physicians and dentists, as well as in the investigation of areas where shortages are said to exist that the task presented cannot all be done by the State chairman himself.

Some time ago we recommended that the State committee be widened by the addition of certain men in an advisory capacity (representatives of public health, medical education, etc.). We are now recommending the addition of a man in industrial medicine in those States where industrial medicine is a problem.

Your State committee should be used to assist in (1) contacting physicians who should apply for commissions and have not done so, (2) for reporting the critical areas, (3) for investigating critical areas in connection with the Public Health Service, and (4) to relieve the State chairman of duties which he cannot easily perform.

To facilitate this, State committees should meet as a body (this is already being done in most States) and function as a committee, at least on the special problems of the State chairman's office if not on all the work of that office.

(The following memorandum also appears in this hearing as exhibit D to Dr. Lapham's testimony.)

DECEMBER 8, 1942.

To: State and Corps Area Committees.

From: Directing Board, Procurement and Assignment Service.

Subject: Classification of physicians.

In order that the Procurement and Assignment Service may have accurate information as to the status of the physicians remaining in civilian life, it is essential that an immediate appraisal of these physicians be made and a summary report submitted to the central office in Washington. Such a report will be requested from all State chairmen early next year. Before that time records should be set up in local procurement and assignment offices that will furnish the information necessary for redetermination of availability and for establishment of the order of call for physicians who will be asked to seek commissions during 1943. As soon as the cards in the local offices are complete copies are to be sent to the State chairmen who will then be in a position to compile a State report to be sent to the central office by about February 1, 1943.

For the purpose of this Nation-wide report each physician should be classified in one of the following categories:

Class I. Available.

A. Potentially qualified for service, i. e., has not been rejected by Army.

1. Unmarried or married but not maintaining a home with wife and/or children.

2. Married and maintaining a bona fide home with wife and/or children.

- (a) Married with no children.
- (b) Married with 1 child.
- (c) Married with 2 children.
- (d) Married with 3 or more children.

- B. Not eligible, on account of age, physical disability, or other reason, for service with the armed forces, but considered available for civilian medical services associated with the war effort.

Class II. Essential for limited duration or until a replacement can be secured.

- A. For community medical care.
- B. For medical teaching or war research.
- C. For hospital service.
- D. For public health.
- E. For industry.

Class III. Essential for unlimited duration.

- A. For community medical care.
- B. For medical teaching or war research.
- C. For hospital service.
- D. For public health.
- E. For industry.

Class IV. Physicians not available for either military or emergency civilian services because of:

- A. Physical disability or age.
- B. Ethical and professional shortcomings.
- C. Retirement or engagement in work not directly or indirectly connected with the field of medicine.

Class I.—Physicians considered available during the war for service other than in their present situations.

Class IA.—Male physicians under 45 years of age presumably physically qualified for service, with subclasses 1 and 2 indicating the order of call in conformity with selective-service laws and regulations. For example, a physician, considered available, and who is under 45 years of age and maintaining a home with wife and 2 children would be classified as IA-1IC.

Class IB.—Male physicians under 45 years of age who have been rejected for military duty but who are able to carry on civilian work; males over 45 who might be willing to relocate; females; and aliens.

Class II.—Physicians for whom it is assumed that satisfactory substitutes may be obtained and those who may be released as a result of changes in their personal situations or in conditions affecting the institutions employing them.

Class III.—Essential physicians for whom, according to present conditions, the chances are small of finding a satisfactory replacement.

Class IV.—Physicians who cannot be expected to contribute to medical service.

Class IVA.—Physicians with marked physical disabilities, including old age, which make them incapable of practicing their profession.

Class IVB.—Physicians who, because of unethical conduct or professional incompetence, are not acceptable for service in the community or elsewhere.

Class IVC.—Physicians who are retired from activities connected with medical care and those who have been engaged in occupations unrelated to medicine for so long that their return to medicine work is not feasible.

CRITERIA OF ESSENTIALITY FOR PHYSICIANS IN COMMUNITY MEDICAL CARE

As a basis of planning on a national scale, an over-all ratio of one effective practitioner of medicine to 1,500 population has been adopted by the Directing Board of the Procurement and Assignment Service as the minimum below which it would be unsafe to reduce civilian medical service. In any specific area of medical practice the ratio should, as a rule, be not more than 3,000 population to 1 effective practitioner, particularly in military and war-production areas.

Obviously, the ratio of 1 to 1,500 cannot be applied to local communities or even to all States. There are many portions of the country and even some States which never have had this ratio of physicians to population. Many of these areas could not support more medical service than they have had which,

In some instances, has been not more than 1 physician to 3,000 or 4,000 population. From such areas obviously no physicians should be withdrawn or permitted to enter the armed services unless replacements can be obtained. Indeed, in some of these areas physicians in private practice as available or essential will vary with the number of physicians in the community, the area of the community, and the population thereof.

Rural and isolated communities with less than 10 private practitioners.—The following elements are to be considered: (1) Number and age of other private practitioners in the community; (2) the physicians' specialty, if any; and (3) distance from other communities with available medical facilities.

Among the practitioners under 45 years of age, the only specialist of a kind in the community should be considered essential (IIA or IIIA) unless the distance between the community in question and another possessing similar specialists is small enough to permit these specialists to serve both communities. In general, if it is to be expected that the only surgeon, the only roentgenologist, the only otolaryngologist, and the only obstetrician will be declared essential even though under 45 years of age.

Aside from the only specialists, none of the practitioners under 45 years of age should be considered essential either temporarily or permanently for civilian medical care (classes IIA or IIIA) except those who are needed to keep the patient load of the remaining physicians at a feasible level. This level will vary from place to place depending upon the pre-war status of medical facilities in the particular community. If any physicians are to be withdrawn from such communities their selection should be made from the physicians under 45 years of age in accordance with the order of call outlined on page 1. (See IA-1 and 2.)

In case an isolated rural community possesses only one effective practitioner, he should be declared essential irrespective of his age and placed in class IIA or IIIA. If there are two effective practitioners in a community for which one is adequate and both are under the age of 45 the one who would be subject to earliest call by Selective Service should be declared available. For example, if one of two practitioners under 45 is single and the other married with two children, the former physician is to be declared available.

For communities which are not within the transportation system of an urban center and which contain less than 10 practitioners, the same considerations hold as for the rural and isolated communities. However, if the distance to the urban center can be easily traversed, the only specialist of a kind need not in all cases be classified essential.

An additional element to be considered is the flow of patients from rural and suburban communities to urban centers. As a result of this flow communities with an inflow of patients require more physicians relatively than do those with an outflow.

Communities with 10 or more private practitioners.—The factors to be taken into account include: (1) Number and age of effective private practitioners, (2) geographic distribution of practitioners (especially in the large cities), (3) inflow of patients from outside the city, and (4) the physician's specialty.

The inflow of patients to urban communities for medical care may in certain cases be considerable, and allowance should be made for this in determining the potential patient-load of the physicians of the community.

Practicing physicians under 45 years of age who are not essential to medical schools, hospitals, public health services, or war industries will be considered available in class IA or IB except for the number needed to carry the patient-load in excess of that which the physicians 45 years and older can handle. If some physicians under 45 are to be considered essential, they should be selected in conformity with the order of call, outlined on page 1 above.

Specialists under 45 years of age in urban communities are usually available unless they are on the essential lists of hospitals or medical schools or unless their practice is limited to outlying districts or circumscribed communities within the city which cannot be adequately served by other practitioners in the same specialty.

CRITERIA OF ESSENTIALITY FOR INSTITUTIONS AND RELATED GROUPS

In determining the essentiality of a physician whose professional activities are part of those performed by an organized medical group, whether hospital, medical school, industrial organization, or independent group clinic, due consideration should be given to the physician's contribution to the completeness of the service given by the group. As organization is more than the sum of its

component parts, physicians who work together must therefore be considered in relation to the importance of the individual physician to the adequacy of the medical service given by the institution. The total contribution of the medical service given by the institution or organization shall also be considered in relation to the total population served by the institution, clinic, or organization, compared with the contribution of other medical facilities and the population served.

Criteria of essentiality for medical teaching and research.—The Procurement and Assignment Service has recommended that medical schools should limit the size of their faculties to the minimum number essential for the conduct of an adequate teaching program. Lists of faculty members considered essential on this basis have been submitted to the Procurement and Assignment Service by the deans of the respective medical schools (Form No. 91, June 15, 1942).

Criteria of essentiality for hospital service.—On August 12, 1942, a questionnaire (Form No. 106) was sent to administrators of hospitals approved for internships and/or residencies, requesting a list of essential members of hospital staffs and giving broad criteria of essentiality. On October 12, 1942, a memorandum (Form No. 104) was sent to deans of medical schools giving instructions about the commissioning of interns in the Army and the Navy.

FULL-TIME STAFF

Interns.—Under authorization of the Surgeon General of the Army and the Surgeon General of the Navy, medical school graduates are allowed 1 year of internship to be completed within the 12 months following graduation before being called to active duty. During this period they need not be considered with the essential hospital staff unless their number affects the number of other staff members required by the hospital. (See Form No. 106, August 12, 1942, and Form No. 140, October 12, 1942.)

Residents.—In civilian hospitals residents are definitely essential for the adequate care of patients and for the clinical instruction of medical students. However, in view of the urgent need of the Army and the Navy for young medical officers, the number of residents listed as essential must be kept to the absolute minimum. For 1942 the Directing Board of the Procurement and Assignment Service has suggested that the number should be reduced by at least 70 percent of the number of residents the hospitals had before the war. For 1943 this number of residents that are essential, selection should be made from the following groups in the order indicated: (1) Physicians who cannot qualify for service with the Army or Navy; (2) present interns or residents who are deferred by selective service. In this group preference should be given to those who are deferred in class IVP or class IIIB (selective service classification); (3) present interns who hold commissions in the Army or Navy. No assurance can be given that deferment of active duty will be permitted for this group. If it is, each case will have to be certified as essential by the State and corps area committees of the Procurement and Assignment Service.

The essentiality or availability of other staff physicians should be considered in relation to (1) the established function of the hospital, and (2) the special qualifications of the physician and the services rendered by him. The need for physicians will differ according to the type of hospital or related institutions, such as a general hospital, a tuberculosis sanatorium, or a home for the aged. They will be different also for a general hospital with public wards from one admitting only pay or part-pay patients. Only those full-time members of hospital staffs should be classed as essential who are responsible for the established activities of the institution. A physician designated as full-time who limits his services to the care of his own patients is not necessarily to be regarded as essential to the hospital.

PART-TIME STAFF

Following the same line of reasoning, a physician giving only part-time service to a hospital or one designated as visiting physician may be regarded as essential to a particular hospital only if he is rendering necessary services which cannot be supplied by other physicians in the community.

Criteria of Essentiality in Public Health.—In a memorandum dated August 22 (Form No. 123) the Directing Board authorized the rating of "essential" for the heads of the health departments of administrative units such as cities, States, and counties; and for the chiefs of bureaus within the health departments of

the individual political units. Such individuals will, therefore, be placed in class III or II depending upon the possibility of replacement. The determination of the essentiality or availability of the physicians, who occupy lower ranks than those above, or who are engaged part-time in public health work will depend upon the nature of their work, the needs of the community, and the special qualifications of the individuals for the kind of services they render. Special consideration should be given to the importance of these services to the health programs in communities directly affected by the war either through large population increases or through the loss of physicians.

Criteria of essentiality in industrial medicine.—In a memorandum dated August 22 (Form No. 121), the Directing Board authorized the rating of essential for two groups of industrial physicians. First, full-time chiefs of State industrial hygiene bureaus and key members of their staffs. Second, certain physicians working in industries which produce priority materials. These physicians must (1) give their full time to this work, (2) have been so employed for 2 years (or have been especially trained), (3) be carrying on an acceptable program, and (4) be ranked as medical directors or department heads. Assistants may be temporarily deferred at the request of the directors until replacements can be found. Physicians who are "on call" for industrial service are not to be considered as essential, except those who devote a great part of their time to a number of small plants. In such cases they should be classified as essential until other arrangements can be made for the care of the workers. Men under the age of 38 should not be considered essential in industry except under most unusual circumstances.

CLASSIFICATION OF PHYSICIANS

A. County _____		B. State _____	
Name of physician _____			
(Last name)		(First name)	(Middle name)
Office address _____		Tel. _____	
Home address _____		Tel. _____	
C. Date of birth _____	D. Sex: _____	E. Place of birth: _____	
(Month) (Day) (Year)	Male _____	(State or country)	
	Female _____		
F. Citizenship: _____			
Native born or foreign of native-born parentage _____			
Naturalized citizen. Year of naturalization _____			
First papers obtained _____			
Final papers applied for, but not yet obtained _____			
Alien _____ United States citizenship not applied for _____			
G. Race: _____	H. Marital status: _____		
White _____	Single _____	Separated or legally _____	
Negro _____	Widowed _____	separated _____	
Other _____	Married _____		
(Specify) _____			
I. Dependents: _____			
Spouse _____	One child _____	Three or more _____	
Collateral _____	Two children _____		
J. Type of work: _____	Full-time _____	Part-time _____	
General practice _____			
Special practice _____			
Other _____			
(Specify) _____			
Research _____	Teaching _____		
Industrial practice _____			
K. Specialization: _____			
Full-time specialty _____			
Field of special interest _____			
L. Method of practice: _____			
Individual _____	Partnership _____	Group _____	Intern _____
Resident _____	Retired _____	Not in practice _____	Other _____
(Specify) _____			

M. Military status: _____	
Medical Corps of Army _____	Navy _____
Applied for commission, rejected, Army _____ Navy _____	
Other (specify) _____	
N. Appointments: _____	
In official health agency, hospital, etc. _____	
(Specify) _____	
O. Availability status: _____	
I. Available _____	
A. Potentially qualified for service, i. e., has not been rejected _____	
by Army _____	
1. Unmarried or married but not maintaining a home _____	
with wife and/or children _____	
2. Married and maintaining a bona fide home with wife _____	
and/or children _____	
(a). Married with no children _____	
(b). Married with 1 child _____	
(c). Married with 2 children _____	
(d). Married with 3 or more children _____	
B. Not eligible, on account of age, physical disability or other _____	
reason, for service with the armed forces, but considered _____	
available for civilian medical services associated with _____	
the war effort. _____	
II. Essential for limited duration or until a replacement can be _____	
secured _____	
A. For community medical care _____	
B. For medical teaching or war research _____	
C. For hospital service _____	
D. For public health _____	
E. For industry _____	
III. Essential for unlimited duration _____	
A. For community medical care _____	
B. For medical teaching or war research _____	
C. For hospital service _____	
D. For public health _____	
E. For industry _____	
IV. Physicians not available for either military or emergency civilian _____	
services because of: _____	
A. Physical disability or age _____	
B. Ethical and professional shortcomings _____	
C. Retirement or engagement in work not directly or in _____	
directly connected with the field of medicine _____	
IV (B) The procedure for recruitment of physicians and dentists will vary in _____	
accordance with whether or not there is a recruiting team in the State _____	
concerned. _____	
(Attached herewith are procedures to be followed in each case.) _____	

PROCEDURE TO BE FOLLOWED IN RECRUITING PHYSICIANS AND DENTISTS IN STATES WITH RECRUITING TEAMS

1. The State chairman for procurement and assignment service will prepare the monthly quota lists of the men definitely known to be available in their States for military service, which will be mailed to the central office. The State chairman will retain a copy of this list for checking those men who return the post cards mentioned in the next paragraph.
2. The central office for procurement and assignment service will send a letter to each man declared available advising him to apply for service by filling out the accompanying post card, which specifies Army, Army Air Corps, or Navy Service. The self-addressed post card should be returned by the physician to the State chairman, indicating his choice.
3. If the applicant fails to return the post card to the State chairman within 2 weeks, the State chairman will communicate with him, either requesting him to give reason for not returning the post card or requesting him to come into see the State chairman personally.

4. When the post card is returned by the applicant to the State chairman, the name should immediately be sent to the indicated military service. In case—

(a) Army or Army Air Corps, the State chairman should mail a clearance form in duplicate on the applicant to the nearest recruiting board. That board will then send the application form and authorization for physical examination to the applicant.

(b) If the Navy is indicated as choice, the State chairman should send the clearance form in duplicate on the applicant to the office of naval officer procurement in the district. Application forms and authorization for physical examination will then be sent by the Navy to these men.

5. If after 2 weeks the applicant has not returned the application forms and has not taken his physical examination, the Army or Navy recruiting or district offices should notify the State chairman so that he may communicate with the person and determine the reason for not completing his application.

6. The Army and Navy district recruiting boards will send the completed application forms and physical examinations to the appropriate Surgeon General's office. The names of the ones found to be physically disqualified or otherwise not recommended for commission should be sent immediately to the central office for Procurement and Assignment Service. In turn the central office will immediately notify the State chairman that these are disqualified for service.

7. Those applications which have been approved by the Surgeon General's Office of the Army or Navy will be sent on to the appropriate military bureau for final approval; the names of those men who have been recommended for commission will be sent to the central office monthly and these names will be sent in turn to the State chairman.

8. If in the event an applicant declared to be available is found to be disqualified for the Navy, he should be asked to apply for service in the Army, and the same procedure will be followed in notifying the Army of this applicant name.

No commissions granted in the field by Army recruiting boards.

PROCEDURE TO BE FOLLOWED IN STATES WITHOUT RECRUITING TEAMS

1. The State chairmen for Procurement and Assignment Service will prepare the monthly quota lists of the men definitely known to be available in their States for military service which will be mailed to the central office. The State chairman will retain a copy of this list for checking those men who return the post cards mentioned in the next paragraph.

2. The central office for Procurement and Assignment Service will send a letter to each man declared available, advising him to apply for service by filling out the accompanying post card which specifies Army, Army Air Corps, or Navy service. The self-addressed post card should be returned by the physician to the State chairman, indicating his choice.

3. If the applicant fails to return the post card to the State chairman within 2 weeks, the State chairman will communicate with him either requesting him to give reason for not returning the post card or requesting him to come in to see the State chairman personally.

4. When the post card is returned by the applicant to the State chairman, he should immediately begin the following procedures:

(a) In case of the Army, the State chairman will be authorized to issue application forms and authorization for physical examination directed to the person who has indicated his choice for Army or Army Air Corps. This material will be sent to the applicant with a request that he return both application forms to the State chairman. The Army examining board will return the physical examination to the State chairman also. If these forms are not returned within 2 weeks, the State chairman should communicate with the applicant to determine the reason for delay. When the application and physical examination have been returned to the State chairman, he will then check these papers to see that they are complete. If they are in order, he will send them with a clearance form in duplicate, to the Surgeon General's Office.

The names of those men who are found to be physically disqualified by the Surgeon General's Office will be returned immediately to the central office for Procurement and Assignment Service, and in turn will be transmitted to the State chairman.

The names of those men who have been recommended for commission will be sent to the appropriate Army bureau for final approval and appointment,

and their names will be sent to the central office of Procurement and Assignment Service at the end of each month and these names in turn will be sent to the State chairman.

(b) In the case of the Navy, when the State chairman receives the post card indicating Navy as choice, he will send a clearance form in duplicate to the Office of Naval Officer Procurement in his district, indicating that this man is available for military duty.

If after 2 weeks the man has not applied for a commission, the Office of Naval Officer Procurement is requested to inform the State chairman, who will immediately follow up this applicant's failure to return the application to the Navy in an effort to speed up the process.

The names of those men who have been recommended for commission will be sent to the appropriate Navy bureau for final approval and appointment, and their names will be sent to the central office of Procurement and Assignment Service at the end of each month and these names in turn will be sent to the State chairman.

If the applicant is found to be physically disqualified, his name will immediately be sent to the central office of the Procurement and Assignment Service, and in turn will be transmitted to the State chairman.

In the event that a physician is physically disqualified for the Navy, he should be requested to apply for a commission in the Army.

V. MEETING CIVILIAN NEEDS

A. Eight-point program.

The second major function of the Procurement and Assignment Service is the provision of adequate medical service for the civilian population. In October 1942 you were sent the "eight-point" program for the distribution of medical care, copy of which is attached herewith.

WAR MANPOWER COMMISSION,
Washington, D. C., October 14, 1942.

To: All State Chairmen for Physicians.

From: Directing Board, Procurement and Assignment Service.

Subject: Civilian Medical Care Shortages Created by the War Emergency.

The functions of the Procurement and Assignment Service are (1) to receive from various governmental and other agencies requests for medical, dental, and veterinary personnel; (2) to secure and maintain lists of professional personnel available showing detailed qualifications of such personnel; and (3) to utilize all suitable means to stimulate voluntary enrollment, having due regard for the overall public-health needs of the Nation, including those of governmental agencies and civilian institutions.

The primary objective has been achieved and the first large demands for doctors and dentists occasioned by the rapid expansion of the Army and Navy are well on the way to being met. Attention is now to be directed especially to the less dramatic but more difficult third function of the Procurement and Assignment Service. State chairmen will have to bear a heavy burden in the program for providing assistance to areas that have critical shortages of medical services as a result of the war emergency.

The Directing Board of Procurement and Assignment Service, appreciating its relation to the maintenance of civilian medical care, submitted an eight-point statement to the War Manpower Commission outlining its responsibilities, as follows:

1. That it is a responsibility of the Procurement and Assignment Service to ascertain the needs of the civilian population—nonmilitary—for medical service.
2. That it is the responsibility of the Procurement and Assignment Service to aid in providing the medical personnel to meet these needs.
3. That as presently constituted, the Procurement and Assignment Service is not in a position to deal with the financial and administrative problems involved in the provision of medical care.
4. That so far as possible these problems should be met at the State level in view of the many different types of problems and needs and the relation of these and their solution to local situations.
5. That a survey of these needs should be made by the existing committees of the Procurement and Assignment Service, with the aid of such technical assistance as may be necessary. It is especially desirable that in determining these needs the State procurement and assignment committee seek the cooperation of the State health department, of the State medical society, of the State dental society,

of industry, of organized labor, and of other agencies, such as the State defense council, which should be able to make significant contributions to the solution of this problem.

6. That whenever possible the civilian needs as determined by these committees should be met through local arrangements, resources, and agencies. In case assistance is needed for the organization, administration, or financing of necessary medical service in these areas, the responsibility should devolve upon an agency which should include representatives of the State health department, the State medical society, and the State dental society, with the cooperation and support—financial and technical—of the appropriate Federal agencies, the administration of funds being delegated to the appropriate official State agency.

7. That since these problems have been occasioned by the war, and in many instances transcend State lines, the Federal Government has a definite responsibility to cooperate with the States in meeting these needs by the provision, when necessary, of financial and technical assistance.

8. That the needs for medical care in certain areas are so acute and the pressure from various sources so great that it is imperative to have prompt action for implementation of this program. It appears to the directing board that the responsibility for the initiation of such action rests with the War Manpower Commission.

This statement was approved by the War Manpower Commission on September 16, when the Commission adopted the following resolution:

"After discussion, the War Manpower Commission approved the eight-point program presented by the Procurement and Assignment Service relating to The Provision of Medical Care in Areas in Which a Shortage Exists as a Result of the Movement of Populations or Physicians in Connection with War Activities (Do. No. 45). This approval was given with the understanding that the plan placed a grave responsibility on the organized medical profession, and that the Procurement and Assignment Service had the obligation of assuring that this responsibility was effectively discharged."

In order to meet this responsibility, the Directing Board has approved a memorandum containing procedures to be followed in a program to meet the needs for providing medical services in critical areas. The first step in this program is a request that the Procurement and Assignment chairman in each of the States submit a report to the central office containing (1) detailed consideration utilizing the enclosed form of (a) areas in the State in which, in the opinion of the chairman, a critical shortage of physicians exists as a result of the war emergency, and (b) areas in which there has been a significant population increase; and (2) an expression of opinion as to critical areas, that should now have been studied by persons delegated by the central office. Critical areas have already been reported to the Washington office from some parts of the country. A list of those areas is being sent to State chairmen in whose States the communities are located, with a request to provide specific information concerning each of them.

Will you send a report on conditions in your State as outlined above to the central office before October 31, 1942?

Critical areas of three general types may be found within a State:

1. Communities that have felt no special impact of war industry but from which physicians may have left to join the armed forces.
2. Areas from which physicians have left, and whose population has rapidly increased because of the expansion of war industry or the establishment of military installations.
3. Essentially new communities that have grown up around war industries or military establishments.

The Directing Board realizes the need for accuracy in determining (1) the total population in war industry and extra-cantonment areas; (2) the number of actively practicing physicians in these areas. It, therefore, is desirable that every available facility be utilized in making these estimates. Since local and State health departments have, of necessity, familiarized themselves with many of these details, the board advises that their services be utilized by State chairmen in arriving at conclusions relative to population and available physicians. You are, therefore, instructed that it is the desire of the board that as these surveys are made State health officers should in all cases be asked to cooperate.

The Directing Board recommends that each State chairman consider appointing an advisory committee within the State to assist him in dealing with problems presented by an insufficiency of medical care in certain areas.

This committee should include the State chairman for physicians of the Procurement and Assignment Service as acting chairman; the State chairman for dentists of the Procurement and Assignment Service; one representative of each from the State health department, the State Medical Society, the State Dental Society, the State Medical Examining Board, the State director of selective service, labor, and management; as well as individuals or representatives of other groups and agencies who should be able to give aid in the solution of the problem presented.

The function of this advisory committee will be to consider recommendations proposed as solutions to problems of medical care. Insofar as possible this committee will endeavor to meet the needs by the utilization of resources and personnel available in the State. In those instances when resources and personnel within the State are insufficient this committee will consider and recommend means for obtaining outside aid. Plans for handling such situations at the Federal level are at present incomplete. As soon as a satisfactory procedure is established, information concerning it will be forwarded to all State chairmen.

After the reports on critical areas requested above have been received and analyzed, it is contemplated that representatives of the directing board will meet with corps area and State chairmen for the purpose of a general discussion of this broad responsibility of the Procurement and Assignment Service and the consideration of local problems that may appear.

WAR MANPOWER COMMISSION PROCUREMENT AND ASSIGNMENT SERVICE FOR PHYSICIANS, DENTISTS, AND VETERINARIANS

SURVEY BY THE STATE CHAIRMAN OF THE PROCUREMENT AND ASSIGNMENT SERVICE OF MEDICAL NEEDS IN CERTAIN CRITICAL AREAS REPORTED TO THE WASHINGTON OFFICE.

State -----

1. Area -----
 Cities and towns included: -----

2. Character of area (check):
 War industrial center ----- Industrial (nonwar) ----- Trading center ----- Extramilitary zone ----- Agricultural -----

3. Estimated aggregate population of the area, October 1942, -----

4. Has the area experienced an abnormal increase in population since 1940? (check): Yes ----- No -----

5. Is a further abnormal population increase expected? (check): Yes -----; No -----

6. Number of actively practicing physicians resident in the area, October 1942 -----

7. Do medical personnel and facilities in adjacent communities contribute substantially to the provision of medical care in the area? (check): Yes -----; No -----

8. Specify such communities -----

9. Type of care received outside the area (check):
 Hospital: ----- General home -----
 In-patient ----- and office -----
 Out-patient ----- Specialist -----

10. Number of physicians employed full-time in industrial medical service -----

11. Number of industrial physicians employed full-time who provide care for families of employees -----
 Number of persons so covered -----

12. Under what circumstances is medical service to employees' families provided? -----

13. Do housing conditions in the area create an abnormal demand for hospitalization? (check): Yes _____; No _____
14. Nature of physician shortages in area (check): General practitioners _____ Industrial physicians _____ Specialists: Obstetrics _____ Surgery _____ Other specialists (name): _____
15. Number of additional physicians now required in the area _____
16. Is the income level of the population adequate to support the additional physicians needed? (check): Yes _____; No _____
17. Nature of medical care facility shortages in the area (check): Hospital beds (general care) _____ Clinics: General medical _____; venereal disease _____; prenatal _____ Other clinics (specify): _____
18. What efforts have been made to solve the medical care problem in this area? _____
19. Are there sufficient physicians elsewhere in your State to fill the shortage in this area? (check): Yes _____; No _____
20. How would relocated physicians be utilized? _____
21. Do you recommend that this area be surveyed by a representative of the Procurement and Assignment Service? _____

Report submitted by: _____

Address: _____

Are you personally familiar with the circumstances in this community? If not, what was the source of your information? _____

In the 8-point program it was stated that immediate consideration be given the critical areas, particularly the industrial and extra-entertainment areas.

It was suggested that you request certain men to assist you in the appraisal of these areas, as well as to get the reaction of many groups as to the needs in critical areas. It was suggested that an advisory committee consist of representatives of the following groups and be appointed by the chairman of the State medical procurement and assignment service committee:

- (a) Procurement and assignment service.
- (b) State medical society.
- (c) State department of health and district director, United States Public Health Service.
- (d) State director, or State medical director of Selective Service.
- (e) Civilian defense.
- (f) Labor.
- (g) Management.
- (h) Hospitals.
- (i) Medical schools, if necessary.

The Procurement and Assignment Service receives comments and critical letters concerning war industrial and other critical areas. These letters come from local communities, mayors, chambers of commerce, Senators, Congressmen, Army, Navy, and the President's Office.

The Public Health Service receives many requests for services in critical areas from other governmental agencies, i. e., the Children's Bureau, Farm Security, War Production Board, Office of Price Administration, etc. It is, of course,

realized that many demands in critical areas are for auxiliary services, which are not a function of the Procurement and Assignment Service, such as nursing facilities, hospitals, clinics, equipment, etc. However, these services are the concern of the United States Public Health Service and since the same areas in many instances require the services of physicians, it was recognized some months ago that there is a definite need for cooperation between the Procurement and Assignment Service and the Public Health Service in order to handle these problems. Therefore several joint meetings were held and cooperation between the two agencies was agreed upon.

As far as the Procurement and Assignment Service is concerned, the primary problem in these areas, generally centers around the need of physicians who must be relocated to care for these communities.

It is hoped that wherever possible a physician from within the States may be obtained. In some instances it may be more difficult to obtain the services of a physician. It is hoped that they can be obtained from some of the following sources:

- 1. Young men (interns and residents) completing hospital work, who are physically disqualified for military service.
- 2. Other physically disqualified physicians.
- 3. Women.
- 4. Physicians from other States (temporary license).
- 5. Aliens (temporary license).

The Public Health Service may be able to assist in a partial subsidy (expenses of moving, monthly stipend for a few months, equipment, or other auxiliary services, such as a nurse, etc.) so that the physician is able to start his practice. It is presumed that within a few months he will be able to take over his own responsibilities. Perhaps this subsidization may mean that he will be temporarily a consultant to the Public Health Service without uniform. Then, finally, if all other methods fail, it may be necessary to have the Public Health Service commission a man and place him in a definite locality on salary in order to cover the area medically, as has been done in Valparaiso, Fla., with the approval of the State medical society, the State dental society, the State department of health, and the State licensing board.

The Procurement and Assignment Board passed this recommendation as a possible means of assisting in relocation on December 14, 1942.

To: State Chairmen for Physicians and Dentists.

From: Directing Board, Procurement and Assignment Service.

In certain areas the following situation has developed. The quota of the State as a whole for the provision of medical officers for the armed forces has been exceeded for the year 1942 and the State is entitled to a credit on the quotas for 1943. However, within the State there would exist areas of scarcity of medical and dental practitioners, and other areas in which there is an excess of such men, some of them within the draft ages. It is clearly an unwise procedure to withdraw men from such States and at the same time to make efforts to introduce men from outside the State to relieve scarcity areas.

The obvious obligation rests on the State committee to adjust these inequalities by relocations within the State. In dealing with individual doctors or dentists who are thought to be suitable for relocation, but who are reluctant to agree, they should be told that they will be marked essential if they will move to an area of scarcity where they are needed, but will be reported to Selective Service as available for induction if they remain in areas of surplus.

The profession of the State as a whole should be advised of the situation, and informed that the requisitioning of quotas from the State will be dependent upon the success of this campaign for relocation according to local needs.

(Certain changes made at American Medical Association conference, December 14, 1942)

DECEMBER 3, 1942.

To: District Directors, United States Public Health Service.

From: Surgeon General.

Subject: Operating policy on matters relating to shortages of medical and allied personnel, relationships with corps area and State procurement and assignment officials and functions of the Division of States Relations, United States Public Health Service, in this field.

1. The United States Public Health Service and the Procurement and Assignment Service will jointly undertake studies of war industry and extra cantonment areas from which shortages of medical and allied professional personnel are reported.

(a) These studies shall be made jointly by the appropriate corps areas chairmen of procurement and assignment, State medical and dental chairman of procurement and assignment, and representatives of United States Public Health Service; either the district director or someone detailed by the district director or by the Surgeon General.

(b) District directors of the United States Public Health Service should take the initiative in contacting State and corps area chairmen of procurement and assignment in seeking to arrange for such studies. The Procurement and Assignment Service will take the same initiative if information concerning a critical area comes to its attention first.

(c) When recommendations are being considered for any area, it should be kept in mind that the ratio of one active physician to 3,000 people is considered by Procurement and Assignment Service and the United States Public Health Service as the minimum compatible with war health standards of the civilian population.

(d) The findings and proposed recommendations of the survey group should be discussed with a representative group of citizens of the area involved before the report is submitted to Washington.

(e) Recommendations will not always concern additional physicians or dentists but may deal with the possibilities of spreading the services of physicians already in the community by making available some type of auxiliary services such as hospital facilities, nursing services, and medical offices and equipment. In other instances the need may be for the expansion of public-health facilities.

(f) Reports of joint studies shall be submitted to the central office of Procurement and Assignment Service and to the Surgeon General simultaneously, and should be signed by the representatives of procurement and assignment and United States Health Service making the survey. If representatives making the joint report cannot reconcile differences of opinion regarding the recommendations made, these differences should be indicated in the report. Recommendations should be specific and not general as to the plan for meeting the needs, including the number of physicians, dentists, or auxiliary personnel and facilities.

2. Any situations where shortages exist can be met through local effort by the relocation of physicians living within the State. It is in areas to which physicians must be transplanted from other States that Federal assistance most often will be needed.

3. Licensure for doctors moving interstate will be a difficult problem in some States. However, conferences with Procurement and Assignment Service and State licensing boards may provide means by which out-of-State physicians may be granted temporary permits to practice medicine in shortage areas for the duration of the emergency.

4. The general counsel's office in an opinion dated July 28, 1942, states that under the authority of title VI, Social Security Act, the United States Public Health Service may detail its personnel to a State to render medical services "provided the public agency to which these officers are detailed has authority under the law of that State to * * * engage in the activities contemplated therein." This arrangement might be used in areas where other means of giving medical care cannot be arranged.

5. The United States Public Health Service usually cooperates with State health departments, therefore the question will arise, in considering the detail of personnel to "cooperate with and assist the State" by rendering medical services in war industry and extra-cantonment areas, whether the State health department has the authority to engage in this type of activity. The general counsel's office is of the opinion that most State statutes fail to indicate either positively or negatively what the State health department's responsibility is with regard to this subject. Hence, it may be necessary for the State health officer to make an administrative decision concerning this point.

6. On recommendation of the State health officer and with the approval of the district director after consultation with the State chairman of procurement and assignment personnel now assigned to State health departments under emergency

health and sanitation, may be assigned to render medical services in areas where shortage exists. In making such assignments district directors will review the total needs in their respective districts and attempt to meet the most urgent ones.

7. When doing reconnaissance surveys of war industry and extra-cantonment areas on your own, district directors will concern themselves, as in the past, with shortages in such areas of medical and allied personnel.

8. The Community Medical and Dental Service Section has been established in the States Relations Division to serve:

(a) In a liaison capacity between the United States Public Health Service and the procurement and assignment board concerning medical care problems in war industry and extra-cantonment areas.

(b) In an advisory capacity to district directors concerning local plans for providing and utilizing physicians and allied personnel to render medical care.

(c) As a coordinating office with respect to the various medical care interests of the Service, other than those dealing with established beneficiaries.

Senior Surgeon Carl E. Rice is in charge of the Community Medical and Dental Service Section. Assistant Surgeon J. M. Chisolm and Health Administration Specialist Irma M. Ringe are also attached to this section.

9. The Community Medical and Dental Service Section should be kept currently advised concerning plans that are being devised and actions taken to alleviate medical care shortages. Such plans may represent the joint efforts of local medical societies, public health departments, hospitals, visiting nursing associations, councils of social agencies, etc.

10. No additional funds have yet been made available for this activity.

V (C-1). *Relocation of physicians which involves State licensure.*

It will be necessary in some instances to traverse State lines. This is a problem upon which we are working at the present time.

V (C-2) *Proposed legislation and statement of principles for State licensing boards.*

A. Bill.

B. Statement of principles.

STATEMENT OF PRINCIPLES TO BE RECOMMENDED TO THE RESPECTIVE STATE BOARDS OF REGISTRATION AND EDUCATION IN MEDICINE

I. The need for relocation or assignment of physicians shall be determined by the directing board of the Procurement and Assignment Service with the aid of the State committees of the Procurement and Assignment Service and other agencies and on agreement with the State boards of registration and education in medicine.

II. These needs shall be met as far as possible by the relocation of physicians holding licenses within the State.

III. Whenever possible needs shall be met by taking full advantage of existing provisions for reciprocity between the States and inter-State endorsement.

IV. Whenever existing laws make impossible the granting of temporary certificates, State boards should recommend to the Governor and to the State legislatures the earliest possible enactment of the bill designed to make possible the utilization of physicians under temporary certification.

V. When existing measures for relocation of physicians prove inadequate State boards of registration and education may request the directing board of the Procurement and Assignment Service to certify to them the names and qualifications of physicians who have volunteered or who may be otherwise available for relocation, at which time also such physicians may be notified that their names have been sent to the State boards making such requests.

VI. The physician who accepts relocation shall agree to assignment to the specific area in which services are required and to acceptance of a certificate which limits the duration of such service to the period of the emergency and for such additional time as the State boards may prescribe.

VII. In view of the emergency character of this action, the committee representatives, the directing board of the Procurement and Assignment Service, and the Federation of State Medical Boards of the United States recommend that fees for such certification be waived or reduced to a minimum.

A DRAFT OF PROPOSED LEGISLATION TO AUTHORIZE AND PROVIDE FOR THE TEMPORARY ADMISSION TO PRACTICE IN THIS STATE OF PHYSICIANS TO PROTECT THE HEALTH OF THE CIVILIAN POPULATION DURING THE WAR EMERGENCY PERIOD

Be it enacted * * *

SECTION 1. Purpose.—A serious public emergency exists or may exist in this State because of the demands of the armed services for physicians. Cooperation on the part of the State, with certain Federal agencies, such as the Procurement and Assignment Service, for physicians, dentists, and veterinarians, of the War Manpower Commission is imperative, so that temporary relocation of physicians may be accomplished, to overcome acute shortages in specific localities from time to time. For the protection of the health and welfare of the people of the State, power to provide for the temporary admission to practice in the State of physicians, licensed as such outside the State, is hereby conferred upon the State board of medical registration and education under conditions and under regulations prescribed by them.

SEC. 2. Power to provide for the temporary admission to practice medicine in the State.—To accomplish the purpose set forth in section 1, notwithstanding any inconsistent provision of law, the State board of registration and education in medicine shall have power by general regulations or specific orders, to issue temporary emergency certificates to such physicians, licensed as such outside the State, as they shall find qualified to practice as such in the State during such emergency. The holder of any such temporary certificate shall be privileged during the term specified therein, unless sooner revoked, to practice his profession within the State subject, however, to all laws of the State generally applicable to the practice of such profession and to such regulations, restrictions, and limitations as the State board may make or impose as to them or any of them and their practice within the State.

THE FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES,
December 10, 1942.

DEAR DOCTOR: At a joint meeting of the executive committee, Federation of State Medical Boards of the United States, and the directing board of the Procurement and Assignment Service, for physicians, dentists, and veterinarians, of the War Manpower Commission, on December 6, 1942, in Washington, D. C., the accompanying draft of proposed legislation and statement of principles was drawn up and approved.

The proposed legislation is to authorize and provide for the temporary admission to practice in your State of physicians and dentists to protect the health of the civilian population during the war emergency period. The statement of principles is suggested as a means by which this relocation of physicians and dentists can be done.

Because of the imperative need for prompt action, it is urged that all agencies concerned will give this matter their best thought and immediate attention. Sincerely yours,

WALTER L. BIERRING, M. D., Secretary.

V (D), Interns and residents.

(Copy of Journal of the American Medical Association announcement attached.)

INTERNS AND RESIDENTS FOR 1943-44

According to the Procurement and Assignment Service, Washington, D. C., the expansion of the Army and Navy in 1943 and 1944 will demand the services of such large numbers of young physicians that a critical appraisal of all positions held by interns and residents and fellows is necessary.

Inter ns.—Graduates of medical schools who hold commissions in the Army or the Navy will be allowed 12 months' deferment of active duty for the completion of an internship. This makes it necessary that internships begin immediately on graduation. Medical-school graduates who are deferred by Selective Service may, under the Selective Service regulations, have their deferments continued through 1 year of internship. Medical-school graduates who on account of sex, physical

¹ Substitute appropriate licensing agency or group existing in your State.

defects, or other causes are not subject to induction or likely to be reclassified by Selective Service are not officially restricted as to the length of internships which they may serve, but they, too, have a responsibility to make themselves available as early as possible for civilian services which contribute to the war effort.

Residents and fellows.—Interns who have already served a year of internship must be considered as residents for the duration of the war. Although the Army and Navy appreciate the importance of graduate training in the various specialties of medical practice, they do not feel that they can at the present time defer calling interns to active duty in order that they may continue specialized training in civilian hospitals. Therefore, the only justification for the continuation of residencies and fellowship during the war is that they are essential for the provision of adequate medical care for the hospital patients or for the clinical training of medical students. In view of this situation, there are several principles that must be followed in the selection of residents or clinical fellows for 1943:

First, the minimum number of residencies with which each hospital can function must be determined. For 1942 the Directing Board of the Procurement and Assignment Service stated that, in general, this number should be less than 50 percent of the number of residents that these hospitals had before the war.

For 1943 this number must be reduced still more. Second, having determined the minimum number of residents that are essential, these should be selected from the following groups in order:

1. Physicians who for physical or other reasons cannot qualify for service with the Army or the Navy.

2. Present interns or residents who are deferred by Selective Service. Preference in this group should be given to those who have been deferred in class IV-F and class III-A or III-B and maintain a bona fide family relationship with wife and/or children.

3. Present interns who hold commissions in the Army or Navy. No requests for deferment of individuals in this group should be made until the possibilities of filling minimum essential residencies from individuals in groups 1 and 2 have been exhausted. It is impossible at the present time to give assurance that interns who hold commissions will be deferred. The Surgeon General of the Army and the Surgeon General of the Navy have assured the Procurement and Assignment Service of all possible cooperation in meeting this situation. On the other hand, the urgent needs for medical officers in this age group and the necessity of securing the authorization of the War and Navy Departments to hold men with commissions in an inactive status beyond 1 year of internship make it imperative that hospitals make every possible effort to fill essential residencies and fellowships without depending on interns who hold commissions or those who might be subject to induction by Selective Service.

In case it becomes necessary to request deferment of active duty for any individuals in this group, such requests should be submitted to the State committee of the Procurement and Assignment Service.

Approval of these requests must further be concurred in by the chairman of the corps area committee and the representatives of the hospital and medical education committees.

V. (E) Medical, premedical, dental, pre-dental, and veterinary medical students.

MEDICAL, PREMEDICAL, DENTAL, PRE-DENTAL, AND VETERINARY MEDICAL STUDENTS

In response to a request from Dr. Elliott, of the War Manpower Commission, the Directing Board of the Procurement and Assignment Service has prepared its estimates as to the numbers of medical, premedical, dental, pre-dental, and veterinary medical students who should be continued in school in order to fully utilize available facilities for training in these professional fields during the war emergency. The great need for young physicians, dentists, and veterinarians during the war and postwar periods makes it imperative that this be done.

Medical students

Number of students present in medical school by classes:	
Fourth year	5,199
Third year	5,326
Second year	5,836
First year	6,382
Total	22,671

In view of the large classes which are being admitted during the war, the total number of medical students will be increased to approximately 24,000 within the next year or two before becoming relatively stabilized. This gives an average of 6,000 students per class.

Assuming that 20 percent of each class will be women or men not physically qualified for service with the armed forces, and that Army and Navy needs will be in the ratio 3:1, this 6,000 per class will be divided approximately as follows: Women and men physically disqualified for service, 1,200; Army, 3,600; and Navy, 1,200.

For the four classes of medical students this would make a total of—

Women and physically disqualified men	4,800
Army	14,400
Navy	4,800
Total	24,000

Premedical students

In order that effective selection of medical students may be possible, it is necessary that each premedical class contain at least 50 percent more students than the first-year class of the medical school. Since the first-year medical students total 6,382 and this number will doubtless increase slightly, approximately 10,000 students should be continued in each premedical year.

Since medical schools are reducing their entrance requirements for the duration of the war to 2 years of college work, provisions will need to be made for 2 classes of premedical students or a total of 20,000 premedical students.

Apportioned on the same basis as we have used for medical students, this would make a total for premedical students of—

Women and physically disqualified men	4,000
Army	12,000
Navy	4,000
Total	20,000

Medical and premedical students combined

Adding these numbers of medical and premedical students, we get a total of—

Women and physically disqualified men	8,800
Army	26,400
Navy	8,800

In order to allow for a lower percentage of women and physically disqualified men, it is recommended that the Army be authorized to enlist up to 28,000 and the Navy up to 10,000 medical and premedical students.

Dental and pre-dental students

Number of students at present in dental schools by classes is—

Fourth year	1,946
Third year	2,041
Second year	2,160
First year	2,701
Total	8,848

For pre-dental students, it probably will not be necessary to allow so much of an excess over admissions as in the case of medical students because dental schools can select some of their students from the premedical group. Hence, it would seem that 7,200 pre-dental students—3,600 a year—should be adequate.

This makes a total of approximately 16,000 dental and pre-dental students.

If dental schools make adjustments in their pre-dental and dental curricula comparable to the adjustments being made by medical schools, this number can be reduced by 3,600.

Apportioned on the same basis as medical and premedical students, this total would be distributed as follows:

Women and physically disqualified men	3,200
Army	9,600
Navy	3,200

In order to allow for a lower percentage of women and physically disqualified men, it is recommended that the Army be authorized to enlist up to 10,000 and the Navy up to 3,500 dental and pre-dental students.

Veterinary medical students

Number of students at present in veterinary medical schools

Allowing for 20 percent physically disqualified or deferred by civilian service, provision should be made for enlistment of approximately 2,000 students. The Navy does not enlist veterinarians, therefore this entire number should be assigned to the Army.

It is recommended that the Army be authorized to enlist up to 2,000 veterinary medical students.

Summary of recommendations

Enlistment by—	
Army—Medical and premedical students	28,000
Dental and pre-dental students	10,000
Veterinary medical students	2,000
Total	40,000
Navy—Medical and premedical students	10,000
Dental and pre-dental students	3,500
Total	13,500

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Veterinary medicine.—Dr. John G. Hardenbergh, chairman, American Veterinary Medical Association, 600 South Michigan Avenue, Chicago, Ill. Dr. John R. Mohler, vice chairman, Chief, Bureau of Animal Industry, United States Department of Agriculture, Washington, D. C. Dr. Harry W. Jakomai, president, American Veterinary Medical Association, 44 Broadfield Street, Boston, Mass. Dr. William A. Hagen, dean, College of Veterinary Medicine, Cornell University, Ithaca, N. Y. Dr. Cassius Way, 25 Vanderbilt Avenue, New York, N. Y.

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Information.—Dr. Morris Fishbein, chairman, American Medical Association, 535 North Dearborn Street, Chicago, Ill. Mr. J. J. Bloomfield, United States Public Health Service, Bethesda, Md. Dr. John F. Fulton, Yale University School of Medicine, 333 Cedar Street, New Haven, Conn. Dr. Richard M. Hewitt, Mayo Clinic, Rochester, Minn. Dr. Robert Nye, managing editor, New England Journal of Medicine, 8 Fenway, Boston, Mass. Mr. Lawrence C. Salter, American Medical Association, 335 North Dearborn Street, Chicago, Ill.

Committee on the Allocation of Medical Personnel.—Dr. Harold S. Diehl, chairman. Dr. Maxwell E. Lapham. Mr. George St. J. Perrot, United States Public Health Service, Bethesda, Md. Dr. Roscoe L. Senechish, 108 South Main Street, South Bend, Ind. Maj. Harold C. Lueth, M. C., 335 North Dearborn Street, Chicago, Ill.

Senator MILLIKIN. This figure of 1 to 1,500, is that an over-all figure?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. A net figure, but an over-all figure?

Dr. LAPHAM. That is right.

Senator MILLIKIN. Now, in the absence of some form of compulsion, that might prove to be a very inadequate figure, might it not?

Dr. LAPHAM. I think it will be, unless we relocate a number of persons in those areas where that ratio has never existed. There is no reason why it should not exist—if relocation could take place, but I think we are most interested in the areas where a definite need has been demonstrated for the relocation of physicians in war work.

Senator MILLIKIN. Do you consider that you have powers to effect compulsion, at the present time?

Dr. LAPHAM. No, sir; we have not. We have asked the Council of the War Manpower Commission to outline the authority there that we do have, but we have not received any statement from them as yet.

Senator MILLIKIN. I think you will agree if it could be done on a voluntary basis, it would be better.

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Does it follow that if we were to make a try at it, on a voluntary basis, we might have to lengthen these figures to maybe more than 1 to 1,500, on an over-all basis, allowing for a certain margin of failure due to the voluntary nature of the system?

Dr. LAPHAM. I think that that is possible, although, of course, there are a good many States where I believe that, as was stated in the testimony, probably a relatively small number of physicians, in comparison to the over-all physicians in the country, would be located there—if they could be relocated they would take care of the most critical areas.

Senator MILLIKIN. I think these statistics in this subject are especially apt to be unreliable, because so many factors enter into them.

For instance, out in the West where you have enormous distances, I doubt very much whether a physician could possibly take care of 1,500 people, that is, in the less settled, sparser areas, where the population is widely separated, and yet they have a medical problem, and it is as acute a medical problem as that in any other part of the country.

Dr. LAPHAM. I might say, sir, that in studying these State quotas we have found that a number of the States are already over that ratio of 1 to 1,500, and in other States we are not drawing in new physicians.

I will give you an example, for instance, the State of Nevada, which, at the beginning of recruitment, had only 136 physicians. As you say, Nevada is a very big State, and theoretically, according to the general over-all quota, Nevada should have supplied a few more physicians, but we feel, in view of the geographical distribution of those physicians, that no more should be removed from that State, and we are not going to recruit them.

Senator MILLIKIN. I am glad that you are taking that into consideration.

Now, who has decided, as between the military services and as to your service, on the over-all allocation as between military needs and civilian needs, for physician manpower, or shall I put it—as far as the physician manpower problem is concerned?

Dr. LAPHAM. I believe it was on November 5 that Mr. McNutt called a meeting of the Surgeons General of the Army, Navy, and the Public Health Service, and General Hershey was also present. We discussed the allocation of medical personnel, and at our meeting in December it was approved by the services that as an over-all blanket ratio, 1 to 1,500 would be a satisfactory ratio to everyone concerned for civilian care.

Senator MILLIKIN. Does that ratio meet with the approval of the medical association?

Dr. LAPHAM. So far as I know; yes, sir.

Senator MILLIKIN. Were they consulted?

Dr. LAPHAM. They were not consulted, but I think they have, generally speaking, approved it.

It is not ideal, but I think that it is the best ratio that we can arrive at and, incidentally, it is not such a bad ratio.

A few years ago the Lee-Jones study was made, in which the doctor-hours were carefully appraised, and it was found that fairly adequate medical care could be given on a ratio, or with a ratio of 1 to 1,500. It was not ideal, but it was satisfactory.

We have made some studies in several States—Maryland, Ohio, and Connecticut—and, strangely enough, we had arrived at about the same figure of about 1 to 1,450, and then arbitrarily we arrived at that figure before we had these studies made, feeling that taking into consideration the fact that a good many physicians before the war were not practicing, and it was said that there was a ratio of about 1 to 950, or thereabouts—we felt that if that was doubled, or not quite doubled, taking into consideration the number of hours that every physician might work, that 1 to 1,500 would be a satisfactory ratio during the emergency period.

Senator MILLIKIN. Were you present at that conference with the military services, when that conclusion was reached?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Did the military services present any factual basis for their own estimates of need, or was it rule of thumb?

Dr. LAPHAM. No, sir; as a matter of fact we presented to them this statement that I just made of the break-down of physicians.

Senator MILLIKIN. In other words, you determined what you considered to be necessary from the civilian standpoint.

Dr. LAPHAM. That is right.

Senator MILLIKIN. And that they, therefore, might feel free to take the surplusage.

Dr. LAPHAM. That is right, sir.

Senator MILLIKIN. If your estimate of the situation proves to be inaccurate, it might become advisable in the future, perhaps, to turn back some physicians who have been taken into the military services.

Dr. LAPHAM. Well, as a matter of fact, unless you take into consideration the men who are coming out of medical schools—

Senator MILLIKIN. I notice that you have a figure on that in your tabulation.

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. You show deaths and increases through new graduations.

Dr. LAPHAM. Yes, sir; in the future, for instance in 1943, there are going to be two classes of medical students graduating, one in April and one in December.

Senator MILLIKIN. I am assuming that it will be shown by further testimony that we expect to have, that the military services have some sort of statistical or factual basis on which they have taken physicians into the Army.

Dr. LAPHAM. I would expect that they have, sir.

Senator MILLIKIN. But so far as this figure is concerned, that was not revamped when you went on the principle that if the civilian needs were taken care of, they might move in and take as many of the surplus as they might see fit to do, is that correct?

Dr. LAPHAM. That is correct, sir.

Senator MILLIKIN. Now, your plans, as far as you have disclosed them for leaving in the country a certain amount of physicians on the basis of the calculation which you have explained—you have said that it might be necessary to use compulsion to get those physicians where they are needed.

Have you explored the possibility of voluntary plans for moving them about?

Dr. LAPHAM. You mean, voluntary so far as the physician is concerned?

Senator MILLIKIN. Yes, sir.

Dr. LAPHAM. Yes, sir; we are doing it all the time.

Senator MILLIKIN. But you have not done very much of it—I mean, 500 physicians, I think that was your maximum estimate.

Dr. LAPHAM. That is right.

Senator MILLIKIN. I should suggest that that was not a top figure.

Dr. LAPHAM. I do not have any idea whether Dr. Mountain would have those figures, as to the exact number who might have to be relocated to take care of the critical areas, but I do not think there would be a tremendously large number.

Senator MILLIKIN. Under the process you mention, the way you say the information came to you, I can see that it is a sort of sketchy, squeaky-axle process; some community finds itself with a deficiency and it may or may not make its needs felt, as far as Washington; so that when you say that you have heard from 500 communities, that does not include a need for physicians from a great number of communities that have an equal need but have not made that need known, as far as Washington.

Dr. LAPHAM. I believe, sir, after the surveys that we are making of physicians, which will be reported sometime in February, we will have a report on practically every county in the country, so far as the medical population is concerned.

Senator MILLIKIN. You are working through your State offices of defense, and through your comparable branches, on the level of the State organizations?

Dr. LAPHAM. That is right, sir.

Senator MILLIKIN. And have they been specifically advised as to what information is necessary?

Dr. LAPHAM. Yes, sir; and in this material there is a form which we send to our State chairmen whenever we hear of a critical area, and in many of the States they are using those forms to send out to all of the counties in the State.

Senator MILLIKIN. Would it not be better to broadcast those forms than merely send them out when you hear a complaint?

Dr. LAPHAM. Yes, sir; and that is why we are having the corps area meetings, because we are going into that very situation thoroughly.

Senator MILLIKIN. So you will get at that, will you?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Let us say—when would you have that complete report for the whole country?

Dr. LAPHAM. I think probably sometime in February. You see, this agency is voluntary, many of our committees are purely voluntary committees. In some instances, results are possibly slower than they should be, but I think information will be ready about the time I mentioned.

Senator MILLIKIN. Of course, the situation may be different here in Washington, but out there they have a definite problem of localized self-interest, to get some help, and I think if we can set up an accurately functioning agency of some kind, the problem will be well along toward its solution.

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Now, let us assume that M-day comes along in February and you know how the picture lies all over the country.

What are you going to do about it?

Dr. LAPHAM. First of all, we are going to continue to use the voluntary method, since up to the present time it is the only method that anybody has had to use. Public Health, or Procurement and Assignment has to relocate physicians and we are going to relocate them and I think in many instances we will be successful in having physicians go to critical areas, and particularly the younger men who are finishing their residences and internships and who are not obligated to any particular community. There is a group of 1,500 students a year, or should I say, graduate physicians, who are eminently qualified for this work, because although they have not had a great deal of experience as yet, they have been well educated and are unencumbered and have no essential tie to any one community. I believe that we can get a great many of those physicians to locate in critical areas and that will go a long way in helping to solve the problem.

Senator MILLIKIN. Doctor, did I get the figure right, a while ago, when you said that you thought a thousand physicians would be shifted to the places of need without being more or less of a problem?

Dr. LAPHAM. I think; yes, sir; that would certainly be the case.

Senator MILLIKIN. That would take care of the places of greater emergency, anyway.

Dr. LAPHAM. Yes, sir; only that, though.

Senator MILLIKIN. That would be only a partial solution of the whole problem caused by this dislocation we are talking about.

Dr. LAPHAM. I think it would take care of the vital areas, without a doubt; I think it might take care of a little more than that. We do not know about a great many of the other areas where one physician has moved from one place to another to take care of a situation, we are getting reports, of course, largely from the very critical areas, but I am sure that there are a number of physicians who have, as a matter of fact, already made such moves and as we get reports, we are continually checking up to see whether there has been a certain amount of relocation of physicians within each State, and which States have not had those relocations, in which a man has gone from a less critical to a more critical area. In some cases a man may have gone to a critical area that has not been reported to us as being a critical area, so that I think in many instances we will be able to do most relocating volun-

tarily. I think we are going to be able to take care of the whole program practically on a purely voluntary basis.

Senator MILLIKIN. Did you hear the testimony that preceded yours?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. What do you think of the Public Health Service plan that they have?

Dr. LAPHAM. As a matter of fact, we have been cooperating with the Public Health Service in such a plan, or we have been coordinating our efforts with theirs, and I think in the localities where it is impossible to get physicians in any other way, that it is a feasible method of taking care of the situation.

Senator MILLIKIN. Well, I must say if this problem is limited to proper shifting of 1,000 physicians, it does not have the magnitude that I thought existed from the whole burden of testimony that has been before this committee.

Dr. LAPHAM. By no means would I like to infer, from my statement that that would take care of every community where there was not a ratio of 1 doctor to 1,500 population; but I think that it would take care of the critical areas at the present time.

Senator MILLIKIN. Take care of the extreme emergency cases, and take care of the other cases where there is a shortage that is serious, but perhaps might not be characterized as extreme—do you not think that whole problem might run up into maybe three or four thousand doctors?

Dr. LAPHAM. Yes, sir.

Just a few weeks ago I was in Kentucky where Dr. McCormick, who is the State health officer there, told me of one county in Kentucky where there is a population of 30,000, and only 2 physicians in the county. At some time during the past 5 years there has been only 1 physician in this county. Taking into consideration such areas as that, which is extreme, and the probability it is composed of an underprivileged group of people, it would be relatively impossible, I think, at this time to satisfy a 1 to 1,500 ratio there.

Senator MILLIKIN. I imagine the immediate purpose would be to take care of the dislocations due to the war situation, rather than to attempt, in connection with wartime legislation, to work up a whole system of reform to take care of those communities that have always been undernourished, so far as proper medical attention is concerned.

Dr. LAPHAM. We felt that that was a proper approach and that, after all, the communities which were contributing the greatest to the war effort, and because of congestion, probably should have more care, more medical supervision—they should be the ones we approached first.

Senator MILLIKIN. Has your Service developed any tentative plans for compulsory allocation of physicians?

Dr. LAPHAM. We have requested the War Manpower Commission to interpret the Executive order for us, in the light of the relocation of physicians, but we have not received any answer.

Senator MILLIKIN. Have you outlined a series of voluntary moves which you hope will be successful before you come to that?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Is that in written form?

Dr. LAPHAM. No, sir; it is not, but we have approached it with this point of view.

We have information on all of the residents and interns which I mentioned, and all of those who are not now in essential positions and who are physically disqualified, and we are contacting them to determine if we can place them in a critical area or not.

Senator MILLIKIN. There has to be a persuasion agency, somebody has to go to those doctors who are potentially available for relocation and persuade them. Who does that?

Dr. LAPHAM. Well, we felt the problem had best be handled by the State committees, and our local committees who are determining the availability—for them to use persuasion. They could simply go to the physician and impress on him that he is essential in one community, whereas in perhaps the very community where he is living at the present time he may not be essential, he should try to be relocated somewhere else, and point out to him the various localities where he may go to contribute to the war effort.

Senator MILLIKIN. How would you finance his reestablishment?

Dr. LAPHAM. There has been a plan developed with the Public Health Service that in the event the Public Health Service does get a subsidy, that it will be possible that some of those funds may be used, not to pay commissioned officers, but in the event that a physician may have to be subsidized for a period of time, he may be taken in an advisory or consultation capacity, and subsidized for a period of time by the Public Health Service until he is established in the second community. In other instances, of course, there may be other facilities that governmental agencies may have, facilities such as hospitals, or nursing services, to assist in the medical-care program.

Senator MILLIKIN. Who would have the supervision of the outlay of money?

Dr. LAPHAM. The supervision would have to come through an already existing, functioning agency, and that would be the program that Dr. Mountin outlined, that is, the State health department would request a subsidy from the Public Health Service for such a program.

Senator MILLIKIN. Then would it probably be considered fair to say that the expenses of the person traveling should be paid, both for himself and for his family, since he is moving his furniture, and so forth?

Dr. LAPHAM. Yes, sir.

Senator MILLIKIN. Giving him some kind of an office set-up, or a place to conduct his business, in the community to which he is sent?

Dr. LAPHAM. That is right, sir.

Senator MILLIKIN. And, should there not be some provision for getting him back to his community of origin, when we come to the end of the war?

Dr. LAPHAM. That would be necessary in some instances, I presume.

Senator MILLIKIN. Or, he may elect to stay where he has moved.

Dr. LAPHAM. He might, sir.

Senator MILLIKIN. I imagine some might find themselves in such congenial localities that they would prefer to remain and assist the community there rather than to return to their original communities, and in that way they would contribute to a better long-term distribution of medical care.

Dr. LAPHAM. I presume so. Of course, many of the physicians will have to go to mushroom areas; they may be depleted very rapidly after the war.

Senator MILLIKIN. That is true, also.

Dr. WEBER. Have you any questions?

Dr. WEBER. I think that the Procurement and Assignment Service should be congratulated upon their obtaining a definite quota from the Army, last year, upon the basis of what the civil needs may be, and for definitely determining that they are going to stop recruiting in those States which have less than the required medical personnel to meet civilian needs.

Dr. LAPHAM. I might say that applies to the Navy also.

Dr. WEBER. I think that is a very, very good point.

The committee has never had any desire, even at its worst moments, to convict anybody, any person, or any particular set-up.

For that reason, because it is impossible to save the past, I am going to drop the set of questions that I had outlined up, about one thing and another; they were about what has been done or what has not been done during the past year.

It would appear from what you have said that the primary problem, if the quota for the Army remains unchanged during the next year, and it does not recruit from areas that are short, the primary problem that will face the country in the way of medical personnel is redistribution.

Dr. LAPHAM. That is right.

Dr. WEBER. And the possible development of hospital facilities and nursing facilities where they become a critical factor.

Dr. LAPHAM. Yes.

Dr. WEBER. What would Procurement and Assignment Service tend to do in regard to hospital facilities and clinical facilities in a case of that kind?

Dr. LAPHAM. In our authorization by the Executive order, we cannot do anything about these facilities.

Dr. WEBER. Can you make any recommendation to the Federal Security Administrator or, rather, to the War Manpower Commission?

Dr. LAPHAM. We have, in a number of instances, made recommendations to the Public Health Service to investigate that part of the medical-care program.

Dr. WEBER. In the main, under the Lanham Act, the Federal Works Agency has depended upon the Public Health Service to state what facilities they needed, and then it became necessary for the Federal Works Agency to in turn translate that into terms of raw materials, and so forth, which would have to be forwarded to the War Production Board for a decision as to whether or not they would give them those facilities; in other words, this key problem which you have indicated—namely, facilities shortages—as to that Procurement and Assignment is unable to do anything about that?

Dr. LAPHAM. Except make recommendation.

Dr. WEBER. To the Public Health Service?

Dr. LAPHAM. Or other agencies that may be able to accomplish something.

Dr. WEBER. But all these recommendations wind up with the Federal Works Agency, and they have to make a recommendation to the War Production Board?

Dr. LAPHAM. Well, we feel, in view of the fact that the two agencies were cooperating so closely, by Executive order, our main duty and our main function was to see that there was distribution of physicians and that the other auxiliary services that might be needed should be taken care of by the Public Health Service—that is, sanitation, for instance, and other definite Public Health functions would be taken care of by them. I think that is a pretty definite understanding between the agencies, that that is the method of procedure.

Dr. WEBER. Both agencies are agreed that they are going to work together?

Dr. LAPHAM. Yes, sir.

Dr. WEBER. On the question of obtaining facilities?

Dr. LAPHAM. That is right.

Dr. WEBER. And you likewise are agreed that you are going to work together, through both set-ups, to shift physicians?

Dr. LAPHAM. That is right.

Dr. WEBER. That is, Procurement and Assignment supports Public Health Service in its program for funds to shift these people?

Dr. LAPHAM. That is right.

Dr. WEBER. And at the same time they will try to get the people that Procurement and Assignment think could be shifted, and they will be certified through the Public Health Service?

Dr. LAPHAM. That is right.

Dr. WEBER. In other words, you are trying to tie the two together.

Dr. LAPHAM. In a way, yes, sir.

Dr. WEBER. You are determined that there will be no conflict between the two agencies or organizations as to what physicians should be shifted, and what points you can handle, individually?

Dr. LAPHAM. I think we have reached a very admirable agreement on that.

Dr. WEBER. There is one other problem that bothers me a great deal, and that is the question of whether or not the induction of certain types of physicians into the Army and Navy will be reexamined.

Dr. LAPHAM. Those who have already been inducted, you mean?

Dr. WEBER. Yes, sir. I refer specifically to obstetricians and pediatricians.

It occurs to me that saving a child in the process of birth, or a mother, in the process of birth, is as important as the service of these men on the battlefield. In each case, it is a life, each is vital; we know that the birth rate has gone up tremendously, for whatever reason, there might be any number of reasons, but it is definitely going up. It is predictable. We know how many births we are going to have. We know how many obstetricians we are going to have. We know where the load is going to be. It is something that is a specialty. There is a big difference between the training of a general practitioner and an obstetrician, at least the mothers think so, and I am curious to know whether or not Procurement and Assignment has made any suggestion to the Army, has asked that it reexamine its need for the services of physicians already inducted who are obstetricians or pediatricians, or whether they intend to make any such suggestion.

Dr. LAPHAM. As a matter of fact, there has been no recommendation made to that effect. However, the Army has, in many instances, not accepted the obstetricians and pediatricians who have applied for commissions, and these men have come to us and said they were available for service because they were not accepted by the Army because of their particular specialty.

Incidentally, of course you know that the Army and Navy do use some obstetricians because they take care of the dependents of the enlisted men and the commissioned officers. As a matter of fact, Admiral McIntyre made a statement the other day that they were taking care of about 2,000,000 dependents, so that a certain number of our obstetricians and pediatricians are needed in the military services.

Dr. WEBER. I think that one doctor when he was before the committee estimated roughly that perhaps 25 percent of the obstetricians and pediatricians in the services were being used, in terms of their training.

Dr. LAPHAM. Yes, sir.

Dr. WEBER. Well, I think we will have an opportunity to examine that further with the Surgeon General of the Army and the Navy. That will be all from me, thank you.

Senator MILLIKIN. Mr. Roback, have you any questions?

Mr. ROBACK. Yes, sir; I have a few.

I wonder, Doctor, if you could enlighten the committee on a point that was referred to in a recent issue of the Journal of the American Medical Association, in which it was stated that it was reported that Attorney General Biddle had under consideration the question of the suspension of State licensure laws with regard to this problem under consideration.

Do you know anything about that?

Dr. LAPHAM. The only thing I know about it is that a division of the Department of Justice which has to do with the Council for the State governments did discuss a law and draw up a model law which we were asked to discuss with them, and I presume that is what is being referred to.

Mr. ROBACK. You have indicated in your testimony that—

Senator MILLIKIN. Just a moment; would you mind telling us what you do know about that particular law that Attorney General Biddle had in mind?

Mr. ROBACK. Nothing, except what I noticed in the Journal, and I would be glad to look that up and place it in the record, sir.

Senator MILLIKIN. Can you add anything to that, Dr. Lapham?

Dr. LAPHAM. No, sir; all I know is that the Council for State governments met at the Department of Justice possibly 6 weeks ago.

Senator MILLIKIN. Does Attorney General Biddle contemplate doing this by executive fiat?

Dr. LAPHAM. No, sir; I think probably the reference was incorrect in the Journal; although it was under the supervision of the Department of Justice, the Council for State governments was called in to discuss a phase of the matter, having a model law submitted to the State legislatures, and we had a copy of that law. To all intents and purposes, it was much the same as the law I read here; that is, the proposed law I read, except that in place of the State jurisdiction being placed in the hands of the board of State licensure, the original

proposed law stated that the Governor could designate the authority and the State boards of licensure felt that it would be better to retain that authority in the hands of the State boards in the various States.

Mr. ROBACK. I wanted to add in reference to that, that there was no specific description that a move such as you indicate might have been in process.

You have indicated in your testimony that a survey of physicians is rapidly nearing completion, and at the same time the quotas for physicians, as far as both the military and civilian needs are concerned, were based upon prior statistics made available in one form or another.

Is the inference proper that previous statistics are not, in all cases, accurate?

Dr. LAPHAM. I am afraid I do not get your question; I am sorry.

Mr. ROBACK. Well, you are now making a survey of the physicians.

Dr. LAPHAM. That is right.

Mr. ROBACK. And at the same time the quotas upon which you have based the available medical personnel, both for the Army and for all of the civilian needs—you have based those quotas on a census you had taken of your physicians.

Now, what I am asking is, Is there any inference that those previous figures were inaccurate?

I raise that question because it was developed through testimony here yesterday by Dr. Osineup, of Florida, that in many cases in counties in Florida where he was intimately acquainted, these statistics were highly misleading and to his knowledge did not carry forward an actual picture of the availability of doctors in those counties.

Dr. LAPHAM. Well, we are taking the most recent population figures that we can obtain in arriving at the quotas. As a matter of fact, we have used the sugar-rationing cards as probably being the most feasible means of arriving at the current population changes, which method was recommended by the Bureau of the Census also; and I think that they are fairly accurate.

You must understand that we have to take into consideration the members of the profession who have gone into the military service from each State, and that is the reason why we made the second quota on the basis of our first, and as of November 1, because that was the most recent figure that we could get from the Army and the Navy. It takes them about 6 weeks to compile those figures and have them in readiness, so that I think the quotas are quite accurate.

Mr. ROBACK. Now, on the basis of the new figures that you are compiling, it will be possible, will it not, to estimate how many doctors will have to be relocated to achieve the over-all ratio that you have indicated as desirable for civilian population; is that right?

Dr. LAPHAM. That is right.

Mr. ROBACK. I wonder if that figure could be furnished to the committee.

Dr. LAPHAM. I do not believe it can be at any time soon, until we have completed the entire study.

Mr. ROBACK. Just on that point, there has been reference to the probable redistribution of physicians and that reference has been made in terms of dislocation.

I wonder if that does not emphasize the negative rather than the positive aspect of the problem. In some cases perhaps it is a dislocation but not necessarily a proper relocation. I was wondering about the use of the term, Doctor.

Dr. LAPHAM. I think it depends upon what community you speak of. Dislocation in the Bronx does not infer that there is a shortage, but I think that a dislocation somewhere else might; I mean it would not infer that you had to relocate someone in New York City.

Senator MILLIKIN. It is not a strict, accurate term anyway, because you take a young man just coming from medical school, or internship, we, or you, would just locate him, or perhaps with another man you might relocate him and not dislocate him.

Dr. LAPHAM. That is right.

Mr. ROBACK. I thought possibly there was some ambiguity there, and that is why I asked the question about its exact meaning.

Dr. LAPHAM. I think in the purest sense it would be better to define just what we do mean by saying we are placing a physician in an area where he is needed.

Senator MILLIKIN. There is something ominous about the word "dislocate." It sounds bad.

Dr. LAPHAM. Yes, sir; it rather has an "orthopedic" sound.

Mr. ROBACK. Dr. Baehr, of the Office of Civilian Defense, testified this morning that there were, I believe, 1,800 vacancies for nurses in New York City which were not being filled and for which there was definite need.

Now, the question I raise in this connection is, there has been a lot of testimony to the effect that New York City has a surplussage of physicians, but on the basis of such testimony you could not conclude automatically that a place like New York City was relieved of its medical problems with relation to the general health of the population. I wonder, in this connection, whether the Office of Procurement and Assignment undertake the responsibility of designating or identifying shortages in things related to the individual medical care of physicians.

Dr. LAPHAM. Yes, sir; and particularly in the areas which we designated as needing physicians, or critical areas where we have found a number of situations where, by the use of several nurses, for instance, in that area, the medical care could be continued fairly satisfactorily; that there were sufficient physicians if they had sufficient assistants, just as in some critical areas, particularly in boom areas, where it has been found that the medical care problem would be enhanced greatly if there were hospital facilities and those auxiliary services that I mentioned.

All those things have to be taken into consideration in appraising the needs of an area.

Does that answer your question?

Mr. ROBACK. Yes, thank you.

Now, would you care to make a statement to the effect that the United States Public Health Service and Procurement and Assignment Service are working in complementary, rather than in competing, areas, as far as public health is concerned?

Dr. LAPHAM. I would think that is so.

Mr. ROBACK. Let me raise this question:

In your judgment could either of those services have performed all of the functions that both of them are now performing?

LT. LAPHAM. I think the first function that we have, or the function that was most greatly stressed in the Executive order, was that of the procurement of physicians for the armed forces. I think it would probably have been somewhat difficult for the Public Health Service to have carried out this function if that had not been so. However, the Procurement and Assignment Service has done, generally speaking, a pretty good job on the procurement of physicians for the Army. I think, likewise, the assistance in redistribution of physicians can be handled very nicely by the cooperation of the two services. I am not saying that that is within the entire province of Procurement and Assignment. It has worked very closely with the State committees in the procurement of physicians and I think that probably now, in the redistribution of physicians, that the two services can work much better together than they could if a separate program were undertaken by either one.

MR. ROBACK. Just one more question:

Do I understand that in view of the most recent Executive order relating to the War Manpower Commission, and Procurement and Assignment Service, that Procurement and Assignment considers that its authority, particularly in view of the fulfilling of the requirements as stated by the armed services, is now enhanced and amplified; whereas formerly the testimony was to the effect that the Service stood ready to fill Army quotas and now they are proposing to the Army whatever the limitation may be, and what the Army can, or cannot, ask for in that direction?

LT. LAPHAM. That is correct. The Army and the Navy, as a matter of fact, have worked well with all of the services in clearing this matter and we have much to be thankful to them for, in the way of assistance.

MR. ROBACK. That is all, thank you.

Senator MILLIKIN. Have you any observation to add, sir?

LT. LAPHAM. I think not, sir.

Senator MILLIKIN. We appreciate your coming here and bringing us your views. I am sure they are very helpful, sir.

LT. LAPHAM. Thank you.

Senator MILLIKIN. We will now adjourn until tomorrow morning. (Whereupon, at 4:45 p. m., the committee adjourned until 10 a. m. the following day, Wednesday, December 16, 1942.)

INVESTIGATION OF MANPOWER RESOURCES

WEDNESDAY, DECEMBER 16, 1942

SUBCOMMITTEE OF THE COMMITTEE ON EDUCATION AND LABOR,
Washington, D. C.

The hearing was resumed at 10 a. m., pursuant to adjournment, in the Committee Room, United States Capitol. Present: Senator Millikin; Dr. Weber and Mr. Roback, assistants to the committee.

STATEMENTS OF LARRY B. McAFEE, BRIGADIER GENERAL, MEDICAL DEPARTMENT, OFFICE OF SURGEON GENERAL; AND RUSSELL B. REYNOLDS, COLONEL, GENERAL STAFF, DIRECTOR OF MILITARY PERSONNEL, SERVICES OF SUPPLY

Senator MILLIKIN. General McAfee, will you please be good enough to state your name, your position, and such information as you think should be given?

General McAFEE. My name is Larry B. McAfee, brigadier general, Medical Corps, Office of the Surgeon General.

Senator MILLIKIN. Do you have a statement to make, General?

General McAFEE. No, sir. Senator Pepper's office requested that representatives of the Surgeon General's Office appear before the committee this morning. I am here in that capacity.

Senator MILLIKIN. There has been a great deal of testimony before the subcommittee dealing with the number of doctors taken into the military service from civilian life and some question has been raised as to whether we have sufficient medical attention left in civilian life, whether the Army has made drafts which are too heavy on our medical personnel, and questions of that kind.

Let me ask you, what was the basis upon which you established your requests for medical talent in the Army?

General McAFEE. The basis for our estimation of personnel requirements were our tables of organization, regardless of the units and installations we have for the Army.

We say that when the training period first started following the enactment of the Selective Service Act, we had our regular medical officers and National Guard medical officers, and then we activated reserve medical officers. Later, after about the 1st of January, the Procurement and Assignment Committee became operative.

Senator MILLIKIN. You mean the 1st of January of this year?

General McAFEE. Yes, sir. It was authorized in October. I believe it was October 31. They set up their machinery, and thereafter our procurement was through the Procurement and Assignment Committee. Later we put up recruiting parties in the various States to ex-

petite the induction of doctors, but in no case did we take doctors from civil life who were not declared to be available by the Procurement and Assignment Committee. So we built up from those sources the medical officers to satisfy our tables of organization as the Army was brought into being.

Senator MILLIKIN. How many doctors do you aim to have per 1,000 men?

General McAfee. Our original percentage, which we did not attain, would have required around 8 per thousand, or a little over 8 per thousand. Prior to and quite a while after the declaration of war, we did not reach that number. As I recollect, the number during a portion of the training period was somewhere around 6 per thousand.

Senator MILLIKIN. What was the basis for reaching the figure of 8? In other words, why couldn't it have been 6, and why couldn't it have been 10?

General McAfee. The basis of that was our World War experience. It was not appreciated, and I don't believe it is appreciated now, Senator, that the actual combat casualties amount to far more than the ordinary sick and injured of an army not in combat. For example, our statistics show that we may expect casualties to the number of 8 per cent in active service, 8 percent a day.

Senator MILLIKIN. Eight percent a day for divisions in combat?

General McAfee. Yes.

Senator MILLIKIN. Would it disturb your sequence if I were to ask you what are the statistics on divisions in the rear, through bombing?

General McAfee. As yet we have no data on that. That is one of the imponderables now. I don't know whether Colonel Reynolds is familiar with that.

Colonel REYNOLDS. There is nothing on that.

Senator MILLIKIN. Is there anything on divisions in transit to the front?

General McAfee. No, sir.

Senator MILLIKIN. Will you proceed, please?

General McAfee. In order to insure a proper and expeditious evacuation of these wounded and proper care of them to the point where surgery can be done, we have set up an organization, such as in the Infantry division, known as the Medical Battalion, which treats these emergency cases—combats shock in these cases. It is designed to get the wounded man back to an evacuation hospital in the best possible condition; and there more extensive operative work is done. Then he is transferred back to our general hospitals.

Senator MILLIKIN. Would you mind stating briefly to us what is your medical organization of a front-line division? Let us assume that a man is wounded; what happens?

General McAfee. When a man is wounded at the front, he is first cared for by the company-aid enlisted men. They are assigned to care for the casualties of that company. They render first-aid and place the wounded in a secure position, marking the site so that the litter bearers can identify the place. These two men then go on with the company.

Litter bearers advance from the collecting station or from the battalion-aid station, which is a part of the medical service attached to a regiment, and carry the wounded back to the battalion-aid station.

Senator MILLIKIN. That is the first place he meets the doctor?

General McAfee. Yes; that is the first place he meets the doctor. There he is given first-aid treatment, shock is combatted; he is given warm drinks and heat is applied to combat the shock. He is kept in the best physical condition possible until they are able to evacuate him on back to the clearing station. At the clearing stations many of those cases require more extensive operation. Perhaps additional hemorrhage has developed; but it is not the intention to do other than real emergency work there.

Senator MILLIKIN. When he leaves the battalion center, assuming he needs further treatment, where does he go?

General McAfee. From the battalion-aid station?

Senator MILLIKIN. Yes.

General McAfee. He is taken back to the clearing station.

Senator MILLIKIN. To the clearing station?

General McAfee. Yes.

Senator MILLIKIN. Is the clearing station a divisional organization?

General McAfee. The clearing station is a part of the medical battalion which is under the division. From there he is transferred back, usually by ambulance, to the evacuation hospital, and at the evacuation hospital more intensive surgery is done. Indeed, the flow comes through there. One hospital in the World War handled as many as 3,000 of those cases within 2 days, working on constant shifts. We need considerable skill there. We have certain well qualified surgeons, orthopedic surgeons, chest surgeons, and we also have a psychiatrist there to look after those cases that have had some mental upset. Certain types of these cases are shunted from this point over to the convalescent hospital, which is held for the treatment of slightly wounded; and those cases that probably will be returned to their organization—

Senator MILLIKIN. What is the normal location of the evacuation hospital?

General McAfee. The evacuation hospital under the old tactics was back 25 to 35 miles. With the great dispersion now, that will vary even to 50 miles. Of course, the dispersion has created the demand for more doctors than we had under the trench warfare system entered into in the last war.

Senator MILLIKIN. Let us assume that the patient still requires a longer course of treatment and care; would he be sent back to what is called a base hospital?

General McAfee. Yes.

Senator MILLIKIN. Is that the next step later on?

General McAfee. Yes; either by ambulance or by hospital train. And at the general hospital, we call them numbered general hospitals. They are located in the base sections and are more or less permanent. They are not designed to be mobile. It is the first fixed hospital. If not in physical shape for further transportation, the wounded are held there. These cases are either returned to duty, classified as available for duty in the line of communication, or if it is apparent that they will be of no further value to the Army there or are going to be sick or incapacitated for more than 120 days, they are shipped back to the United States.

Senator MILLIKIN. That is a point that I wanted to bring up. I noticed in the papers the other day that we got some patients at Walter Reed from North Africa.

General McAfee. Yes.

Senator MILLIKIN. Without having any factual basis for the assumption, I assumed that perhaps we had not been able to organize hospital facilities there, and that that was the explanation.

General McAfee. Yes.

Senator MILLIKIN. After we do get organized later and men have to be evacuated from, let us say, a base hospital back to the hospitals, what will be the circumstance?

General McAfee. It would be those cases that will be incapacitated totally or incapacitated for a period of more than 120 days.

Senator MILLIKIN. Requiring a very long convalescence.

General McAfee. In other words, instead of hauling food and supplies over to that man, we ship the man back to the States.

As far as treatment is concerned, the Surgeon General has designed these hospitals to be equipped and staffed with the personnel in order to give a patient treatment comparable to that received in the United States.

So it is not a question of higher or more skilled treatment that brings him back, but it is more a question of shipping.

Senator MILLIKIN. Coming back to the factual basis for your estimate of seven to eight doctors per thousand soldiers, what is the experience of our Allied Nations in that respect? For example, how many physicians does the British Army have per thousand soldiers, or how many do the Russians have per thousand soldiers?

General McAfee. I don't know about the Russian Army. I understand that the British—I have seen the figure at four per thousand, but that hardly tells the story, because organized as the British are, they take soldiers into civil hospitals and civilians go into Army hospitals and also Air Force hospitals.

Senator MILLIKIN. That is because of the nature of the island?

General McAfee. Yes; the concentration.

Senator MILLIKIN. And the civilian hospitals are there in juxtaposition to the military hospitals?

General McAfee. Yes. And for awhile the casualties were far greater in the military.

I might remark here that before we entered the war the British asked if it was possible for them to get a thousand medical officers. I think it was. They wanted more in order to augment their medical forces.

Senator MILLIKIN. You stated before that your present statistical basis for your present requirement is largely derived from the World War. Have there been any developments in this war to call for a modification of that?

General McAfee. The magnitude of it is one thing. Of course, we know that we have very good statistics upon the number of doctors, the availability of those for military service, both from a physical standpoint and from the standpoint of less essentiality, and we have known for sometime that if our mobilization were to go up to a certain point it would be very difficult for us to get doctors. This was the result of a study that the Surgeon General requested the medical profession to make to find out what their potentialities were. That was

requested in 1939. Those data were then afterward made available to the Procurement and Assignment Committee when it took on a quasi-official status. And it was based also upon questionnaires that were sent out.

So we have modified our requirements, and we make a continuous study in modifying our tables with respect to reducing the number of doctors that we need. We have done that by substitution and, to some extent, elimination.

You cannot wholly rely upon numbers per thousand and percentage, but as a starting point we took 8.7 per thousand, which was the over-all requirement for doctors in the World War.

Senator MILLIKIN. If I may interrupt, General, was that figure determined after the World War or was that an estimate that carried through the World War?

General McAfee. It was determined after the World War. It was divided as follows: 6.5 percent in the field of operations and between 10 and 11 in the zone of the interior, that is, the United States. The two averaged up 8.7 per thousand.

Senator MILLIKIN. Did that include illness casualties?

General McAfee. That was for the entire medical service for casualties, illness, accidents, and so forth.

Senator MILLIKIN. Did that figure reflect the flu epidemic in this country?

General McAfee. I don't know what the situation was here, but it had no influence in establishing our personnel requirements. In other words, we held to our tables of organization.

Senator MILLIKIN. I mean, General, did the hindsight experience of the war that brought you to the figure of 8 percent, or whatever the exact figure was, reflect the illnesses due to the flu epidemic?

General McAfee. No; I think not. At present we require a rather high percentage of medical officers in the United States because we are taking new men in the service. Many of them have come through the boards with physical defects that become apparent after they are in the service. Those have to be examined into. Many of them are given corrective treatment. During the so-called process of toughening up there is some sickness. After they get into good physical condition and are hardened, then they require fewer doctors.

Senator MILLIKIN. What is the health of the Army in this country at this time as compared with the last war?

General McAfee. Senator, we are very proud of the fact that our Army has had the best sick report that it has ever had in war or peace. We have run along under our estimate. The sick rate through the summer represented under 3 percent of the strength of the Army in our hospitals here in the United States.

Senator MILLIKIN. What was the previous figure?

General McAfee. I cannot tell you just how much the improvement is; but it is a better figure than we had. Statistically, requirements for beds would figure out on the basis of 5 percent.

Senator MILLIKIN. Have we had any serious epidemics of any kind any place?

General McAfee. No, sir. The most apprehensive period we have had was the year of 1940-41. We had a great deal of flu. But, if you will remember, the flu cases were the explosive type and they

were not accompanied by complications. So the illnesses were short and moderate, and we were able to care for it. Later the situation improved.

Senator MILLIKIN. I would not disparage the prevention factors of your Service; but the epidemic situation is somewhat a matter of bad luck or good luck?

General McAFEE. Oh, yes. And that is a thing that we are watching now, Senator. The intensity of flu epidemics is cyclic. It will change and run in cycles. Some of our epidemiologists feel that we will have more serious cases than we had last year.

Senator MILLIKIN. On a cycle proposition?

General McAFEE. Figured on the cycle.

Senator MILLIKIN. Taking the casualties of the last World War, I assume you bring those into relation to the service that a doctor can give under circumstances of war, and taking into consideration those factors you arrive at a figure of seven or eight per thousand, or whatever it may be?

General McAFEE. Yes, sir. As I have stated, we have had continuous studies on inductions. By substituting medical Administrative Corps officers who are nonprofessional, we have relieved medical officers who served in administrative capacities such as in the last war. We have now effected a reduction. Recently we made a study which we submitted to the War Department at their behest, which would put the figure down around 6.5 per thousand.

We feel that figure is the lowest we can go and still assure the fathers and mothers in this country that their boys, when wounded, are going to get the best treatment available.

Senator MILLIKIN. General, how many doctors per thousand soldiers are there in the Army now?

General McAFEE. Right now?

Colonel REYNOLDS. It figures 1 medical officer for each 127 officers and men.

Senator MILLIKIN. That is a little less than 1 to 8.

General McAFEE. Our study reduces that figure. We have cut our recommendations.

Colonel REYNOLDS. We have to have medical officers in advance of the men they are to serve so that they can be trained. Hence, that figure is not quite fair, because the men arrive next month but the doctors arrived last month.

Senator MILLIKIN. I will come to that.

Now, in the event you reduced your proportion to 1 to $6\frac{1}{2}$, would that contemplate the use of some physicians now in the service?

General McAFEE. No. We prefer to absorb them as the Army increases.

Senator MILLIKIN. In other words, you would not take in as many doctors as you had been taking but you would keep your pool of doctors and spread them thinner as your forces grew?

General McAFEE. Yes, sir. And by the end of December 1943 we would be down on a basis of somewhere around 6.5. It is figured that there will be a requirement of 48,000 to 50,000 doctors with $7\frac{1}{2}$ million men.

Senator MILLIKIN. If there were a reduction in the estimated number I assume that that might envision returning some doctors to

civilian life. You do not want to hoard any more doctors than are necessary?

General McAFEE. No, sir. Of course, doctors get killed and wounded, too; and we have to figure on a replacement factor. But we do not want any more doctors than we need, Senator.

Senator MILLIKIN. There is a point of balance there that has a lot of variables in it between achieving the object to which you referred a little while ago of giving every soldier a decent chance to get well, if he is injured, and, on the other hand, giving the civilian population also a decent chance to retain health. I believe you will agree that one interacts on the other.

General McAFEE. Yes.

Senator MILLIKIN. But with the development of civilian epidemics, we cannot keep it out of the Army, can we?

General McAFEE. No, sir.

Senator MILLIKIN. And if we develop epidemics or high rates of illness, we cannot pursue our war industry with maximum efficiency?

General McAFEE. No.

Senator MILLIKIN. So, after all, it is all one problem.

General McAFEE. No.

Senator MILLIKIN. Now, General, first of all, let me say that I did not associate myself with these charges, because I have no basis of opinion. One of the reasons why I am delighted that you are here today is because I want to get some facts.

I have received mail myself to the effect that doctors are standing around in posts over the country doing nothing and are very vociferous in their complaints about it. I think something of that kind has reflected itself in the hearings here. The other day, when a line of testimony of that kind came up, I suggested that perhaps that was natural, because you cannot wait until the casualties commence to come in before you build up your organization; and until casualties do occur it is probably normal and natural that you have more doctors than there are casualties and illnesses to be served.

General McAFEE. Yes.

Senator MILLIKIN. But that was purely a hypothesis on my part. I would like to have your own feelings on that.

General McAFEE. I appreciate that, Senator. In the first place, we had to familiarize the civilian doctors with the Army. If a doctor is going to be able to practice his profession with the greatest efficiency in a military organization, he has to undergo training; he has to learn what the organization is and what its function is to be.

Another reason for that complaint is that very often plans are made and organizations are called to take part in certain operations which may be unexpectedly delayed. That unit, upon being called in, is kept in training. In their training we send the doctors to take courses in all of the specialties of surgery, particularly to learn the experience of the present war; and we give them training in sanitation and epidemiology. The Secretary of War is very apprehensive about the health of these men who are scattered all over the globe, living in areas presumably uninhabitable; and we have to have doctors who are familiar with the preventive measures that are used in these various areas. They are in school.

The basis upon which we called these various installations into active duty goes back to the medical coverage.

Senator MILLIKIN. It goes back to what?

General McAfee. It goes back to the medical coverage, as we call it, of these expeditionary forces. We start on the basis of 10 percent of fixed hospitalization; in a very active theater that would run higher.

Senator MILLIKIN. Will you please explain that term "10 percent of fixed hospitalization"?

General McAfee. I mean by that, beds in base hospitals and numbered general hospitals, in the theater of operations must be provided for 40 percent of strength of the force because there you have, in addition to your normal sick and injured, battle casualties. They are around 7 percent added on to your normal sick. So that has to be provided for.

When these units are called, we delay bringing in the professional staff as long as it is safe to do so. When they are first mobilized we take the enlisted men and, as a rule, six or seven officers to look after them, to see that these men are sent to the various technical schools where they can get their training. And later we have the doctors and the nurses join that unit. We then give them training and familiarize them with our hospitals. They are tagged, as we call it, for a certain course. Sometimes that plan does not go through immediately. I know of one or two instances where it has occurred; but it is not the rule.

However, while they are not called upon to do actual medical work, there is always an opportunity to keep fitting themselves in a military medical sense to handle the jobs better when they do get on the active front.

Senator MILLIKIN. I would most respectfully suggest that perhaps a better understanding of that should be gotten into the heads of those doctors, because they go to camp and they are active practitioners at home, and while going through the organizational delays to which you refer they haven't much to do, and they write back home and tell their fellow doctors that there is no point in their being in the Army. Perhaps if they understood the matter they could improve their time a little better, and it might be very helpful.

General McAfee. The commanding officers of these units tell me that they try to keep them busy; and they are conducting schools for the nurses and for the enlisted men. And many of them are detailed to various courses in large medical centers where they can better fit themselves to do the job when they get into active service.

Senator MILLIKIN. I do not believe I asked you whether the frontline casualties in this war approximate the same percentages as those in the last war.

General McAfee. That has not been determined for our Army, of course. I cannot substantiate it, but I have seen that the number of killed to the number of wounded is greater.

Senator MILLIKIN. Which, of course, means that the wounds are more severe when they occur?

General McAfee. Yes, sir. Another fact is the dispersion. Take tank warfare, tanks go running around here and there; further, when a boy is wounded there is difficulty in getting him out of the tank into an ambulance. They are given first-aid treatment. That dispersion is another factor that will call for more and more doctors. We are watching it to see just what influence it will have.

Senator MILLIKIN. You do not have a fixed, stable line with a high concentration of soldiers, but tank warfare has opened up the war so that you have large theaters of war.

General McAfee. Yes, sir.

Senator MILLIKIN. Has the medical problem been lightened due to the advancement of medicine, due to the sulfanilimide drugs, for example?

General McAfee. The sulfanilimide drugs, as they are called, have lightened the problem in this respect: Any surgical wound inflicted under battle conditions is assumed to be infected; and it will be infected unless some protection is afforded. Now, we have much confidence in the sulfanilimide for that purpose.

Senator MILLIKIN. What do you call them?

General McAfee. Sulfanilimide drugs. The real object of the sulfanilimide drug is to protect the patient against infection. We issue it in the first-aid kits, and the soldier's instructions are that when wounded he is to start to take these tablets. The mere presence of the drug in the blood stream will delay or prevent infection. Our experience in Pearl Harbor is very happy with regard to it. They sprinkled it into the wound, and prevented infection in those cases which former experience told us would get infected. In that way the convalescence is greatly lessened.

Senator MILLIKIN. That speeds up the flow sheet?

General McAfee. Yes, sir; and you do not have the destruction due to infection.

Senator MILLIKIN. Has there been advancement in the treatment of burns?

General McAfee. There has been. And there are a great many of them. Probably in the medical military literature there is as much written on burns as on any other character of wound, due to mechanized warfare.

Senator MILLIKIN. Then, General, could you say that with the advancement of medicine in the respects we have discussed, and possibly others, it has meant it would lessen the percentage of doctors and might overcome these other factors?

General McAfee. No; I would not say that, Senator, because the tactical requirements are a greater factor than the demands for physicians to treat the infected cases. It becomes a simple matter continuing hospitalization in such cases rather than the provision of a large number of doctors. I cannot say that that would have a material influence on it.

Senator MILLIKIN. General, there has been some criticism on the ground that you have been taking doctors into the Army indiscriminately, that is, you have taken obstetricians, for example, when perhaps others might have been taken to better advantage to the Army and certainly to better advantage to the community. Would you have any observations on that?

General McAfee. Of course, that is not within the province of the Army in selection as to who is essential.

Senator MILLIKIN. But you could control enlistments; that is, you would not have to take the man.

General McAfee. It is a question. The question we have is whether or not they can get a release through the procurement and assignment

committee. If he is released, we will take an obstetrician. Maybe we can't use them in that particular field; but they are adaptable for some other fields, because they are doctors.

Senator MILLIKIN. You feel that the responsibility for the selection is on the Procurement and Assignment?

General McAfee. Yes.

Senator MILLIKIN. And you follow the selection that Procurement and Assignment makes?

General McAfee. Yes, sir. In other words, we do not go out and recruit indiscriminately. We require a release from the Procurement and Assignment.

Senator MILLIKIN. Just in passing, General, it developed here that so far as obstetricians are concerned there is quite a little obstetrical work to be done around the camp, because I understand you give a service to the families of enlisted men in this country.

General McAfee. We do in emergencies. We had to cut that down to emergencies because we would be overwhelmed.

Senator MILLIKIN. General, are you in a position to say what the Navy practices on that? We have been led to believe that the Navy gives quite an extensive service to the families.

General McAfee. If they do, that is recent because I know before the emergency they were not generally admitted to their hospitals.

Senator MILLIKIN. So far as you know, General, is Procurement and Assignment technically qualified to make a technical discrimination between doctors to be selected?

General McAfee. They should be, sir. They have their representatives right on the spot in each State, and they indicate whether or not this doctor is less essential than another. That takes in teaching institutions, hospitals, and all of them.

Senator MILLIKIN. There is some criticism upon the ground you are not utilizing women physicians.

General McAfee. That is true. We had a ruling from the Comptroller General that a woman could not be commissioned in the Reserve Corps, Medical Corps of the Army.

Senator MILLIKIN. Is that under the status of the law?

General McAfee. Yes, sir. That is the interpretation. We do take them in on a contract basis, and we intend to; and we are using them to look after the Women's Army Auxiliary Corps.

Senator MILLIKIN. Assume that you had the legal authority to do it; could women physicians have usefulness in, let us say, your base hospitals or in your training camps in this country?

General McAfee. The Surgeon General's feeling has been that the best field for the women doctors would be in civil life and thereby relieve male doctors who could be used in any situation in the Army. In other words, we would like as much as possible to keep our medical officers and, in fact, all personnel in a fluid state.

Senator MILLIKIN. So that you could shift them into all situations?

General McAfee. Yes, sir.

Senator MILLIKIN. And it is thought that it would not be practicable to shift women physicians?

General McAfee. Yes, sir. There are certain administrative difficulties that have been taken into consideration.

Senator MILLIKIN. Would you say that those objections are unchangeable, or are your views on that in a state of flux?

General McAfee. Well, I don't know. I know that was the policy of the Surgeon General.

Senator MILLIKIN. Could we assume that the mind of the Surgeon General on that is open to change, if reason for it could be shown?

General McAfee. Well, I feel that his thought would be that with the development of the Women's Army Auxiliary Corps that it alone would absorb all of the eligible women doctors in this country.

Senator MILLIKIN. By the way, can you give us the statistics on that? How many are there?

General McAfee. My impression is that there are around 6,000.

Colonel REYNOLDS. Do you mean women doctors?

Senator MILLIKIN. Yes.

General McAfee. It is five or six thousand, if I am not mistaken.

Senator MILLIKIN. And at the present time they are servicing the members of the WAACS?

General McAfee. Yes, sir.

Senator MILLIKIN. Do you happen to know whether they have women doctors for the WAVES?

General McAfee. No, I do not, Senator. I don't know what their policy is.

Senator MILLIKIN. If you use chiropractors and osteopaths and specialty schools of medicine, how do you use them?

General McAfee. We do not use them, Senator, that is, the chiropractors and osteopaths, and the naturopaths. I think they are called. We use only medical officers and doctors who are graduates of acceptable medical schools.

Senator MILLIKIN. Has the question of using doctors of that type been up for consideration in connection with this war?

General McAfee. We have had contact with their associations, and there have been several propositions put up, one being that they be given special courses in materia medica and surgery. But the Secretary of War fixes the policy on that. We use only qualified graduates of medical schools authorized to give the degree of doctor of medicine.

Senator MILLIKIN. And I think you testified that the organizations representing chiropractors and osteopaths have made representations to the Surgeon General, and those have been considered?

General McAfee. Yes, sir.

Senator MILLIKIN. And possibly are under consideration?

General McAfee. According to my recollection, it goes back to 2 years ago. They were acquainted with the policy of the War Department and the Surgeon General.

Senator MILLIKIN. What about optometrists?

General McAfee. Optometrists, when inducted, are classified and assigned to the medical department. We use them as assistants in the eye, ear, nose, and throat sections of our hospitals. That is not compulsory. We do not go to the point of directing that the commanding officer of a hospital put any optometrists that he may have in that position.

Senator MILLIKIN. Are the optometrists eligible for commissions?

General McAfee. Not by reason of the qualification of optometrist. They, like all other enlisted men in the medical department, have an opportunity to qualify for selection for our officer candidate schools, and in that way receive a commission in the Medical Administrative Corps.

Senator MILLIKIN. And the same thing would be true so far as chiropractors are concerned?

General McAfee. Yes, sir.

Senator MILLIKIN. And osteopaths?

General McAfee. Yes, sir.

Senator MILLIKIN. Of course, from their viewpoint, they would consider that discrimination.

General McAfee. Yes, sir.

Senator MILLIKIN. And for that reason it would not be acceptable to them from their professional standpoint?

General McAfee. Yes, sir.

Senator MILLIKIN. General, what is your rehabilitation program? Let us say a soldier is rejected but has some curable rehabilitable condition; what would you do about it to get him rehabilitated?

General McAfee. We are discharging many of those cases that are compensation cases to the Veterans' Administration, and they are taken over by the Veterans' Administration.

Then they make their applications in their discharge from our hospital direct, and they are reported for vocational training and told what to do. They understand that they are eligible for continued treatment. Many of them who can be used in our Army activities are reported as of a certain technical qualification and could be used.

Senator MILLIKIN. Let's take a case, and let us assume that a soldier's teeth are in such a condition as to disqualify him from induction; what is done to get his teeth in shape?

General McAfee. The Army assumes no responsibility, Senator, unless he is sworn in and is actually in the Army.

Senator MILLIKIN. That means, of course, if he had met the minimum requirements for induction from the physical standpoint?

General McAfee. Yes, sir.

Senator MILLIKIN. But I am speaking of a case that goes beyond that; that is so bad that you reject him. What is done to get his teeth in to shape so that he can get into the Army?

General McAfee. No; that is as far as I can speak on that. There was a time when the Selective Service did undertake some rehabilitation for the purpose of qualifying a man physically for induction, but I am not familiar with that set-up.

Senator MILLIKIN. Might that be a proper field for Army activity?

General McAfee. I might say that we did lower our standard to an extent that many of these cases of dental defect are now admitted to the service and are then given dental treatment.

Senator MILLIKIN. You fix them up after they get in?

General McAfee. Right now I don't think you will find any dentists complaining that they do not have anything to do.

Senator MILLIKIN. I was merely taking dental deficiencies as an illustration.

General McAfee. I understand.

Senator MILLIKIN. In your opinion, General, would the rehabilitation of rejectees be a proper activity for Army Medical?

General McAfee. I feel not, Senator, because our goal now is to give military support to a military organization that is out to win the war. I feel that it would be an additional burden, and, of course, it would take many more doctors and many more dentists to perform the work.

Senator MILLIKIN. The thought in my mind was that perhaps activity of that kind might absorb the energy of these doctors who are idle.

General McAfee. The point is that this static condition that they complain of now is temporary.

Senator MILLIKIN. Before I forget it, General, would you mind trying to assemble for this committee the statistics of Russia and of Great Britain and of any other of our Allied Nations that have had experience in this war, on their percentage of doctors per thousand soldiers?

General McAfee. Yes, sir.

Senator MILLIKIN. And break that down into combat zone and home centers and any other break-down that you think will clarify the problem.

General McAfee. I do not know how much material we have on that. I am sure we haven't much from Russia, Senator.

Senator MILLIKIN. It seems to me that I read an article having to do with the Russian experience sometime ago. I am not prepared to say that it dealt with that specific question; but there is quite a bit of literature on that. It may not be scientific. If you haven't got it, I am quite sure that you have channels for getting it.

General McAfee. I saw some place where the Surgeon General of the Russian Army had paid quite a tribute to the Medical Department of our Army, even to the point of stating that they use ours as a basis on which to model their Medical Corps. They have such a paucity of physicians and nurses that it could not approximate ours; and the service that they give would not be acceptable to the population in this country.

Senator MILLIKIN. Have we developed as far as we should the difference in the percentage of casualties in this war and in the last war?

General McAfee. No, sir.

Senator MILLIKIN. If you can furnish us with data on that, we would appreciate it.

General McAfee. We can give you what we have. We can give you our basis for the last war.

Senator MILLIKIN. The point that I am driving at is this, General. I think it might fairly be that a wise policy would be not only to fashion it on the last war, but also on the experience of this war. That is what I am driving at.

General McAfee. Of course, we are trying to correlate the experience of this war with what we did in the last war.

Senator MILLIKIN. You have to start some place, of course.

General McAfee. Yes, of course.

Senator MILLIKIN. I have been curious as to what amendments in your plan you have made due to the accumulated experience in this war. I don't believe we have gone into that very far. I would like to have you develop that, if you are in position to do so.

General McAfee. We are making some changes in our organization, especially the size of our units. Due to the dispersion that we have today because of bombs we are running to smaller units than we had in the last war. Of course, that is expensive in personnel. In the southwest sector we are using smaller and more mobile units. There is difficult transportation; there are four different gage lines in Aus-

trials, and it is difficult to transport patients. We are using smaller units that can give more advanced treatment than the unit we had originally.

Senator MILLIKIN. Are you in close liaison with the Procurement and Assignment on consideration of the over-all problem of dividing the available supply of doctors between the Army and civil life?

General McAfee. Yes, sir. I cannot give you the details of it, but I know that the Surgeon General sits in with the Manpower Commission on matters of utilization of the medical men of the country.

Senator MILLIKIN. Has there been a definite recognition in your service of the civilian need, and have you tried to keep your demands in balance with the civilian need?

General McAfee. Yes, sir. We have tried to keep that in mind, and we have tried to keep them within tactical bounds. We have felt the figure of 40,000 or 50,000 is just about all we can rely upon, no matter what the size of the Army goes to.

Senator MILLIKIN. It was testified that the Procurement and Assignment had an over-all formula of one physician for 1,500 civilians. Assuming you had that many physicians available for the care of civilians, the great problem, of course, would be the proper distribution of those physicians?

General McAfee. Yes, sir.

Senator MILLIKIN. Then it developed that, having reached that formula for civilian care, the rest of the reservoir of physicians would be considered available for the Army. May I ask did you participate in the determination of that figure?

General McAfee. For the civilians?

Senator MILLIKIN. Yes.

General McAfee. Not that I know of.

Senator MILLIKIN. Would it be a reasonably safe assumption that someone representing the Surgeon General's office did sit in with the Procurement and Assignment in reaching that figure?

General McAfee. I cannot say as to that.

Senator MILLIKIN. If there is the proper liaison between the two agencies, there—

General McAfee. There is. We operate very closely with the Procurement and Assignment.

Senator MILLIKIN. May we have the feeling of assurance that, despite the fact the formula to which I have referred leaves the balance of the physicians subject to your needs, they will not be taken into the military service needlessly?

General McAfee. Well, if we find that there is anything to do to lessen the need, we will do it. We feel now that we are right down to a minimum point and the Surgeon General cannot go beyond it and still assure an effective, adequate medical service, because we are dealing with any number of imponderables. At the present time what cuts we have made have been principally in the United States. But we are not going to gamble with the surgical or medical care of these young men on the firing line.

Senator MILLIKIN. I am inclined to believe, General, that 1 to 1,500 is a rather thin figure. It would not be a thin figure under the testimony we have had if you could distribute those physicians ideally; but when you consider that problem of distribution, the over-all figure may be a very, very meager one; and it gives rise to some apprehension

as to whether or not that does allow as generous a supply of physicians as we should have for the civilian side of the thing.

General McAfee. Under normal conditions—that is, normal before the war and even after the last war—we realize that many communities were giving bonuses to doctors to come and practice in their communities. Because of specialization which has developed in the last 25 years to quite an extent, it almost requires that the doctor live in the more thickly populated area. As a result, there have been fewer doctors in the rural areas. And in some places, in order to get the doctor, it has been necessary to give him an assurance, through a bonus, of a certain income.

Mr. ROBACK. General, I am sure that everybody appreciates that the element of medical care should be provided for the people in the armed services. The only question was whether, in the providing of that care, there might not be some depletion of medical care tending to defeat the ultimate objection, since in this war it is established that production is so essential to provisioning the Army.

You testified that the experience in building up the prevailing ratios of medical personnel to military personnel was based upon the experience in the last war. Did those ratios take into consideration what might be the availability of the doctors in the present population?

General McAfee. Of course, I stated that we took as our first point of departure our experience in the last war as to the number of doctors required, and since that time we have continuously studied our tables of organization with the view of making reductions.

My last study gives the reduction of approximately two doctors per thousand, in that we can only take into consideration the available doctors in the country. And that was appreciated in June 1939, when the Surgeon General suggested that the American Medical Association make a survey as to how many doctors there are in the country, what they themselves thought they could do in case of an emergency, and what their assignments were, what their specialties were, and what their physical condition was.

Now, based upon that, we knew that there were around 179,000 physicians and, roughly, that 150,000 were in the practice of medicine, and that there were something like 45,000 or 50,000 under the age of—

I think I will change that. I think the statistics show that it was around 80,000 under the age of 45. So it was taken into consideration in the whole.

Now, as to just what these large munitions centers will demand, or any shifting of the civil population might demand, we were not in position to take into consideration. I do not believe we should let that have much weight, because our mission is the care of the soldiers.

Mr. ROBACK. You have stated that as far as the activities of recruiting teams went that no doctor was taken into the service who was declared essential by the Procurement and Assignment Service. Was that true of this whole period of recruiting activity?

General McAfee. So far as I know, when the recruiting started the Procurement and Assignment Committee designated State representatives of their committee to declare as to essentiality of doctors

under the age of 45 in the practice of medicine in their local communities.

Isn't that right, Colonel?

Colonel REYNOLDS. Yes, sir. When I came into the picture the Procurement and Assignment Service was already functioning, when we thought the situation was approaching disaster along about the first of May.

Mr. ROBACK. I raise that question, General, because there seemed to be some indication in the testimony here of the head of the Procurement and Assignment Service before this committee that recruiting activities interfered to some extent with your own program and, in fact, they requested not long ago that the Army withdraw its recruiting teams. And if a request for withdrawal was made, and at the same time the recruiting teams only operated by consent of the Procurement and Assignment Service, I wonder why that request was made.

General McAfee. You mean in those States that went beyond their quota and the recruiting teams continued to operate without reference to Procurement and Assignment?

Mr. ROBACK. Yes.

General McAfee. I don't know.

Colonel REYNOLDS. I don't know of any such case.

General McAfee. And you also have to take this into consideration. It has come to me the case of where the doctor himself was so desirous of getting into the service that he took every advantage he could to get himself in. That is true of teaching institutions; it is true of doctors who had been looking after the sick and industrial men.

Mr. ROBACK. It was brought out by Dr. Lahey, head of the Procurement and Assignment Service, that the service functioned essentially as an agency to procure for the service doctors on demand; that is, to fill established quotas. And there was some conflict in his testimony in the sense that some considered that the Procurement and Assignment Service was set up as an agency to balance the over-all needs and to apportion the available medical personnel as between the Medical Corps and the civilian population. And recently Dr. Lapham, who appeared yesterday and who is executive officer for the Procurement and Assignment Service, said that subsequent to the most recent Executive order with respect to the War Manpower Commission, the Procurement and Assignment Service had switched, merely from filling quotas; Procurement and Assignment sat down and served an ultimatum on doctors available to the Army and that the Army had agreed.

Is that in accordance with your impression?

General McAfee. I have no knowledge.

Colonel REYNOLDS. No. So far as I know, it is quite at variance with my knowledge.

Mr. ROBACK. I believe Dr. Lapham submitted a tabulation to the committee in which, after determining the essential minimum ratio of 1 doctor to every 1,500 of population, there were so many doctors left this figure was something like about 11,000 for the year 1943 which, according to the published figures and the confidential notes, as I understand it, would make the total medical personnel in the armed services somewhere above 50,000. So their estimation of the size of the Army, which has been made public, 50,000 doctors as a ratio to that

assumed size of the Army at the end of 1943, would establish a ratio of about five or six per thousand.

General McAfee. Well, that is what we worked on. That study I referred to just now in the hands of the staff is based upon a maximum of 50,000 doctors to seven and a half million. I think that will figure out 6.66 per thousand.

Mr. ROBACK. The question that I raise is whether that is based now upon a reconsideration of the Army experience or upon a stipulation by the Procurement and Assignment Service.

General McAfee. It is based upon our appreciation of the over-all demand for doctors.

As I say, we don't want any more doctors than we find necessary to give adequate medical service. Now, that word "adequate" is the unknown factor, because we don't know what the demands are going to be.

Mr. ROBACK. Will you tell us a little bit about the extension of Reserve Commissions to medical students who are in the first or the second or the third or the fourth year of their study?

General McAfee. Under our present plan—and that is subject to change—we give medical students and premedical students who have been accepted for matriculation in medical schools commissions in the Medical Administrative Corps Reserve. And then we do not call those men to active duty during their course. After the completion of their medical course they are placed in the Reserve, and while in the Reserve, inactive, they take the year's internship, which is required for a commission in the Reserve of the Medical Corps. They are activated when they complete their internship and are placed in the Army.

Mr. ROBACK. What are the criteria for designating such students for Reserve commissions. Does that automatically apply to all qualified students?

General McAfee. Who are physically fit. And I think it is the practice that they are handed their commissions in the Medical Reserve at the time they are handed their diploma by transfer from the M. A. C.

Colonel REYNOLDS. That is correct.

General McAfee. They do not have to take the M. A. C. commission. If they apply for it and are accepted, it is granted.

Mr. ROBACK. We would like to have your observation, General, on the recommendation of a doctor who is a uniformed officer in the Public Health Service, who served in the last war. I believe he was attached to the Medical Department of the British Army, although I am not positive. And he has had some experience in this country, and he is now working for the Public Health Service. He was extremely emphatic, based upon his own contacts and recent experience, that a large number of doctors were not being utilized very fully with respect to time or to talent, and he recommended that there ought to be a period of indoctrination into the requirements that you have indicated previously and then returned to civilian life for practice, subject to call by the Army.

General McAfee. We have been running behind right along on our requirements for doctors. We have been woefully behind at times. That would contemplate a reserve pool in civil life based on training that we offered all through the years in our Reserve Corps.

We do not call doctors until we feel that we need them to satisfy the plans of the War Department in sending out our forces to the theaters of operations, and when we get them in we give them intensive training and continue to keep them in.

Now, if such a plan as that is made effective, we would get these officers trained in medical and military work and then when the units that they were training with were ready to go over we might lose them. In fact, the Medical Reserve has been in effect since 1908, when we established a Reserve Corps of the Medical Department and brought in such men as Dr. Finney and the Mayo brothers. They all came into the Reserve as first lieutenants. And from that we developed after the war a reserve in which the training was continued including active duty at times for a 2-week period in order to fit the Reserve officer for immediate service in case of emergency.

Now, if we should take men in and put them into the Army and then furlough them or send them back to practice medicine, I think the Army would find it highly unsatisfactory; and they would, too, because they would have to sever their connections to a great extent in civil life and probably dispose of their offices, and it would rather complicate their induction. And they always have that thought hanging over them that they can't do this, and they can't do that, because they may be called tomorrow. That has been quite a factor with these officers that were examined and that we have taken in. They cannot make their plans because of the uncertainty as to when they will be called.

Mr. ROBACK. In the case of many of these young doctors who are more eligible for military service, those that are especially trained, in some cases it has been said in the testimony that there has been a deterioration of special skills because they have not been in position to apply them, particularly in the case of specialists whose work would be mostly in civilian practice, such as an obstetrician, for example. Have you any observation to make on that?

General McAfee. I think that is true. But I think that is a sacrifice that every American citizen has to make. Industry cannot go on as usual; and business cannot go on as usual; professional men cannot go on as usual.

Mr. ROBACK. Perhaps the problem here is whether those skills can be utilized in civilian life, which has a very dire need for their services, assuming, of course, that there are casualties and sacrifices at all times.

General McAfee. I assume that has been a matter of consideration by the Procurement and Assignment agent.

Mr. ROBACK. Am I correct in understanding that aside from the duly certified doctors of medicine other medical people, such as optometrists, are taken into the Army as any other private is inducted or volunteers?

General McAfee. That is right.

Mr. ROBACK. Do you know whether any special provision is made, let us say, by the Procurement and Assignment Service in the case where the services of an optometrist are important to the community, so that he would be kept from selective-service induction?

General McAfee. I think the Procurement and Assignment are concerned only with doctors, dentists, and veterinarians.

Colonel REYNOLDS. May I interrupt to say that the local boards handle such problems as that. One further thought would be that

it would be a decision which they would make. It might be made in one way by one local board and in another way by another local board, depending upon the local need.

Mr. ROBACK. And not as part of a program which was especially looking toward overall civilian population needs necessarily?

Colonel REYNOLDS. No, sir. I would put it that the local board sees to the need of the local community in that case, as in all others.

Mr. ROBACK. Are there many medical people in the armed services who are doing administrative work not related to the practice of medicine?

General McAfee. There are very few with the units such as our station hospitals, evacuation hospitals, and our general hospitals; and those are in administrative work depending upon a professional background. For instance, our commanding officer, executive officer, registrar, and so on. And where we have the technical school for the enlisted men it is headed by a medical officer. We have made substitutions there over our peacetime procedure and our original tables of organization. So we are not wasting any professional talent in a purely administrative way.

Mr. ROBACK. Senator Millikin raised the question a little while ago about the rehabilitation of people who were rejected for induction on physical grounds.

There has been some testimony, and I believe Dr. Parran testified that at least a quarter of these rejectees were fully rehabilitable. And statistics that have come in for 1941 state that 50 percent of the 2,000,000 men were rejected upon physical grounds up to that time.

I believe there was further testimony by Dr. Parran that the selective service, which had something to do with the problem of rehabilitation, to date had rehabilitated not more than two or three hundred individuals.

Has the War Department made any recommendations on that problem?

General McAfee. The only action that we have taken is toward the broadening of our physical requirements. And that would not directly concern you.

I would like to state that when the selective service became operative we were not at war. Our objectives at that time were to create a reservoir of military men and experience to replace that which we had lost in the last war. We did not know when we might use these men. Therefore, we imposed very rigid physical standards. After our African war when we commenced to use increasing numbers, immediately there was a broadening of those standards, and many of those cases that were formerly found physically disqualified under the rigid standards came into the service, and those defects that they had were gradually being corrected.

Dr. WEBER. General, I am sorry that I missed the major part of your testimony, so I may go over some of the ground that you have already covered. But did Procurement and Assignment have any basis for reviewing the requirements of medical personnel that you placed with them?

General McAfee. I don't know.

Dr. WEBER. Did they act simply as a recruiting agent for you or did they attempt to review the requirements?

Colonel REYNOLDS. They did not attempt to review the requirements. That would be an Army problem, and we would be the only ones who could answer. So far as I know, they should not be regarded as the recruiting agency. We have our own procurement groups who were actually obtaining medical officers. The Procurement and Assignment group helped.

Can he be spared for the Army?

In many cases they said "No."

I think there is a misconception of the function of Procurement and Assignment. If what has been said here is correct, then it may be that I am the one who has that misconception. But I am the one who has had a great deal to do with procuring medical officers.

Dr. WEBER. How does your ratio of medical men per thousand compare with the Navy's ratio? And if they are different, why are they different?

General McAFEE. I don't know how the ratios compare. It would be different because their needs are far different than ours. Their people are on ships; they are close together and are compact. Our people are distributed widely—perhaps small groups under all sorts of conditions. There would be few points of comparison actually under combat conditions.

Dr. WEBER. But would you think they would need more physicians or fewer physicians?

Colonel REYNOLDS. I would not be able to express an opinion. Perhaps General McAfee can.

General McAFEE. I don't know as to their requirements on ships. As to the marines, we are responsible for their medical service. They use the same organization that we do.

Dr. WEBER. Then may I ask how your ratio compares with that of the British Army, and if they are different why would they be different? Would the conditions be similar? The British had tremendous experience with casualties in the last war, and perhaps more so than we did.

General McAFEE. I stated that it is difficult to make a comparison because the civil hospitals and air hospitals and the military hospitals all admit cases of each category and, being on a small island, the requirement is smaller; and they have abridged their medical education and they have abridged their hospital internship in order to compensate for and satisfy their demands for doctors. And even back in 1940 before we entered the war they were asking for medical officers in this country. So whatever the ratio is, evidently they are not satisfied with it.

Dr. WEBER. I understood yesterday from Dr. Lapham that the Army and the Navy had agreed to a quota for 1943 of something like 11,000 physicians. Is that your understanding?

Colonel REYNOLDS. I have no official information to that effect. I have heard the statement made, too, but I have no official knowledge as to it.

Dr. WEBER. You mean the Procurement and Assignment has not cleared that figure with the Army and the Navy?

Colonel REYNOLDS. They may have; but not to my knowledge.

Dr. WEBER. With whom would they clear it?

General McAFEE. There was a conference with the Manpower Board and the Procurement and Assignment committee, but I can-

not tell you just what the result of that was and what they said we could have.

Dr. WEBER. But when they finally decide, you will be the gentleman that they will consult?

General McAFEE. Yes; they consult us.

Dr. WEBER. When Dr. Lapham made the statement that he made yesterday, that the Army and the Navy has agreed that they are only going to take 11,000 doctors next year and that the recruiting will not be done in 20 States in which the ratio is already greater than 1 to 1,500 civilians—

General McAFEE. I would not say on that point. I am informed that the figure of 11,000 doctors for the Army and Navy next year was discussed. The final approval will be a decision of the War Department as far as the Army is concerned.

Dr. WEBER. Then the Army has not agreed, so far as you are aware, on what the limit is for recruitment of doctors?

General McAFEE. No; I don't know of any agreement.

Dr. WEBER. I wanted to inquire about the use of doctors in the Army, and I wanted to read you a quotation from Dr. O'Brien's testimony:

We know that many hospital units—one, the Massachusetts General Hospital, was mentioned this morning—are not efficiently utilizing their personnel. The University of Wisconsin unit, sent to Battle Creek months ago, is another example. The Northwestern University unit was at Battle Creek for months and months doing almost nothing. The Harper Hospital unit of Detroit left in July for Camp Custer, at Battle Creek, and is now at Sparta, Wis., waiting for action. The Wayne University unit is scattered; some are in Springfield, Mo., and others are awaiting to be called. These are a few of the examples. Hundreds of men, among the best of our profession, are idling away their time while the home front suffers. There is a serious shortage of doctors. The men in these units are part of the cream of the profession; the civilian population is deprived of their much-needed talents when they leave with a unit. If this were necessary for the successful prosecution of the war, no one would criticize, but it is difficult to understand why these excellent men should be taken away from their practice, and left in camp for months and months doing nothing, comparatively. These men are all specialists. They are not picked haphazardly, but because of their special ability. Nevertheless, these men have been in camp, their efficiency deteriorating because of lack of work. Our first year of war has been mostly one of production, when the health of those engaged in this work needed the best of medical care to keep them fit for their jobs. In spite of this, 40,000 doctors have been sent to camp, many of them doing clerical work. It does, of course, take some time to train men for military service abroad, but certainly not this number for such a long period of time.

Colonel REYNOLDS. General McAfee may want to answer that.

General McAFEE. I think I can answer it; but suppose you go ahead.

Colonel REYNOLDS. I have a number of things that I think the committee ought to be informed about. But perhaps it would be better to do that when you have finished.

General McAFEE. The point on that is that some of these units—I am not familiar with all of them—are earmarked. They have been gotten together to go out on a theater and, of course, they cannot tell Dr. O'Brien, or even the commanding officer, their destination.

I talked to the commanding officer of the Hooper Hospital unit two days ago. We served together in the last war. He appreciates that he is to carry on his training, shape down his units, and get them ready to look after a thousand patients; and he is getting them instructed.

He has his enlisted men out taking a technical course; he has his specialists out taking courses particularly designed to bring them up to date on present-day military surgery; and then they will be on their way. But we don't know when or where; we are not handling the strategy. These units may have been held up for some reason, we know not why. But we are told to get the unit ready and to have them ready on a certain date to report to an area for transportation to some place. In doing so we delay them as long as we can in getting this unit together.

As I stated, I think before you came in, we first called out the enlisted men and then enough officers with that unit to direct the unit and carry on their training and give them a military knowledge that they must have. Then within a reasonable time, 2 months, we get the doctors and the nurses together, send them to a military post in this country where they are given training parallel with the staff of the station hospital serving the military organizations at that location. We familiarize them with all the forms that they have to make and just how to conduct their service.

Dr. WEBER. In other words, General, you do not plan the strategy?

General McAFEE. No, sir.

Dr. WEBER. The time table was given to you?

General McAFEE. Yes, sir.

Dr. WEBER. If the time table went askew because of the development of unforeseen things, it would be somewhat unfair to accuse the Medical Corps of poor timing in withdrawing the medical men?

General McAFEE. Well, there may be another unit that will be called in subsequent to the first unit, and it may be sent out and still leave the original unit there due to the fact that it is earmarked for a certain military mission. I appreciate the difficulties of the General Staff.

Colonel REYNOLDS. May I add to that?

Dr. WEBER. Yes; go ahead.

Colonel REYNOLDS. Shipping generally controls many of these things. And you know of our shipping shortage. I think I disclose no secret when I say that we have units that we would like very much to send overseas, but we do not have the shipping to dispatch them. We can tell very well the rate of construction of new ships, but we don't know how many are going to be sunk by submarines and by air activity. That is the primary cause of the conditions which these doctors allege. There are other factors, but that is perhaps the most important one.

Dr. WEBER. In other words, when it is charged before this committee that the Army is hoarding physicians and is not utilizing those that it has at their top skill, you would not necessarily say that that was false, but you would point out there will come a time when they will be used at their highest skill, and that you have been given a timetable by which you in the first instance were not responsible; you have furnished the needs as laid down by the General Staff. If, for reasons, doctors sit around in camps unused for 3 months, that means merely that somewhere along the line a certain area of operations did not open up as it was scheduled to open up, and since it did not open up, it is possible that doctors were unused for a time.

Senator MILLIKIN. Dr. Weber, it was developed earlier in the day that the term "unused" is perhaps inaccurately used. These doctors

are engaged in training in connection with their organization and they are also engaged in training others, and their inactivity is relative inactivity as compared with the hurly-burly of civilian practice rather than a completed inactivity in the Army camps, and perhaps there is plenty for them to do even while they are waiting to be sent over.

Dr. WEBER. I would like to make a comparison with a football game. You will see the coach tap a man on the shoulder and the man then begins to warm up. Doubtless you have watched those boys warm up four or five times during a quarter or a half but still never get into the game. The boy may go home and cry at night or he may do some quibbling about it. What I am suggesting is that this football game in which we are engaged has required that a certain number of doctors be warming up on the side lines and almost ready for the coach to send them in; but something happened and they retired to the bench. And this preliminary warming up may have gone on three or four times. In itself it is not an evil; it is not something that could have been avoided very well.

So, for that reason, the charge of hoarding is not a question of what the fact is but what the understanding of the situation is. Would that be a fair statement?

Colonel REYNOLDS. Yes. I would like to add to the football game statement: The coach might say that some members of his second and third string, if they had worked a little harder and had learned a little more, when put into the game could have gotten that touchdown.

Dr. WEBER. I am particularly concerned about the use of obstetricians in the Army. I have an 8-day-old son now, and I think we shifted obstetricians about two or three times, and pediatricians. I am wondering why it is that obstetricians and pediatricians have not been considered essential to civilian use. Why is it that they were called just the same as other doctors? Does the responsibility there lie with Procurement and Assignment?

Colonel REYNOLDS. General McAfee will correct me if I am wrong. First, we obtain all of our doctors either by volunteering, if they have no Reserve commission, or by calling to active duty if they have Reserve commissions. As to those who have a Reserve commission, they are called if they are physically qualified. If he had no Reserve commission, then he must consider those factors himself, as must the Procurement and Assignment Service in releasing them.

That may not be an adequate answer to your question, but that is the way it works. It is the decision of the individual. It is a decision of the Procurement and Assignment Service that he should be permitted to enter the military service. He is a doctor of medicine as well as an obstetrician. There are many things that he can do.

General McAFEE. He has obstetrical knowledge, but also he has a broader medical foundation. In war he can call upon his general knowledge and through training that he can take during the period of Army preparation, he can make himself efficient in a broader field than obstetrics and pediatrics. We had that condition during the depression.

Dr. WEBER. You can understand, General, with the birth rate skyrocketing, what the situation is. There is a sort of inflation in the birth rate today. And with obstetricians going to the armed services, just as any other group of doctors, and with obstetricians being used

or obstetrical work, about 25 percent as the maximum, let us say, or less than that, and mothers facing the problem of giving birth, they want to know where that obstetrician was who was there 6 months ago, but they discover that he was at Guadalcanal or at some other place; and they are curious as to why they could not get the return of the obstetrician instead of the general practitioner they are going to use at the home or at some other place.

It has been alleged before the committee that there are doctors in the Army who are still serving as privates who, during the period of volunteering, with various types of social pressure or otherwise put upon the doctors to enlist, did not come voluntarily; they were inducted into the Army through the selective service, and some of those men are still being punished for their recalcitrant attitude, and they are still serving as privates. Have you any information on that?

Colonel REYNOLDS. So far as I know, there are none. There have been a few, but the opportunity, however, has been extended to them.

This is more likely to be true: That individuals, under the general leading of the medical profession who were unable to meet the standards of the Medical Department as established by the Secretary of War, have been inducted and are still serving.

Dr. WEBER. You mean from a class B medical school?

General McAfee. Yes.

Colonel REYNOLDS. I have been quite closely in touch with that situation, and only one case has ever reached my attention. He was in the Medical Department but was subsequently appointed. There may be others, but to my knowledge there is none.

General McAfee. There, again, that is a determination that can be made by the local board right in the community where the doctor is practicing.

Colonel REYNOLDS. I should question very seriously that any local board would approve of a doctor being inducted, but it would just defer him—which is within their right.

Dr. WEBER. But on the question of an agency to decide how much in the way of medical men should go to the Army and how much to civilian use—

Colonel REYNOLDS. I can give you my own views on that, because no one who is not thoroughly in touch with the Army organization and conditions could possibly make such a decision.

Dr. WEBER. But when you withdraw 40,000 or 50,000 doctors from the civilian population for the Army, that affects the medical personnel ratio.

Colonel REYNOLDS. There must be a balance between them; that is true.

Dr. WEBER. There must be someone to make a decision as to what shall go to the Army and what to the civilian population, must there not?

Colonel REYNOLDS. I would rather develop that thought. There are too many factors involved to give a yes or no answer to that question. I will develop that, if you wish.

Dr. WEBER. Let me ask you one or two other questions right on that point. When the Army withdraws a man, that means that he is withdrawn from the civilian population. Now, we recognize that the Army is responsible for the care of the soldiers. There is no question about that. There is full authority and responsibility there.

But when they withdraw a man, they are equally making a decision with regard to the civilian population. Those two decisions are tied together.

Colonel REYNOLDS. Our Army is just like our hand. Our Army is not a thing apart. It is your son and my son.

Dr. WEBER. And his mother and father at home and our mothers and fathers.

Colonel REYNOLDS. Yes.

Dr. WEBER. So that when you make a decision about a man going into the Army, you are also making a decision about the civilian population. Now, the question is: Should the decision rest solely with the Army or should it rest in an authority which takes account both of Army needs and civilian needs? The Army's first consideration and responsibility is for an efficient and victorious army.

Colonel REYNOLDS. That is true.

Dr. WEBER. Will they have a tendency to consider that alone rather than the whole picture?

Colonel REYNOLDS. I do not think so. I have a son, a wife, a father, and a mother, and I am very keenly aware of those things; but I am also keenly aware of the young soldier who needs the doctor. And I know what those conditions are.

Dr. WEBER. Then you feel that the Procurement and Assignment as set up under its Executive order does not have the authority, as it were, to cut back your demand for doctors?

I will give you an illustration. Take Mr. Eberstadt down at the War Production Board; he has a number of claims for material, including zoning of civilian production; and he has to look at the Army demands for material, and the Navy demand and the Maritime demand, Office of Civilian Supply, Civilian Industry, and so on; and he supposedly balances those things according to his best judgment. He has the power to cut back the Army demand for material. Whether he has exercised it or not I don't know. Does the Procurement and Assignment have any such function? Is it supposed and intended to be under its Executive order an over-all authority, or does the final decision of what goes to the civilian population and what to the Army really rest with the Army?

Colonel REYNOLDS. I would prefer to have General McAfee answer that.

General McAfee. I don't know what the usual status is, but I believe it has always been that the Army and the Navy should get the doctors they need to give adequate medical care to the men in the service. They are responsible that they do not waste them. That is why we are up here this morning—to see that we do not.

Now, as to the second question of whether or not the civilian shall determine how much Army we are going to have or how much medical protection we are going to provide. When the people declared war they did so because they thought they might lose our country and they appealed to the armed forces to save it. The armed services then are responsible for the determination of the manner this shall be accomplished.

Dr. WEBER. Generally, I agree with that.

General McAfee. Therefore, it seems to me that when the people of this country declared war they placed full reliance on the police

body of the Nation—the armed forces—and they should not impose a handicap in any sense that would endanger a successful result.

Dr. WEBER. General, they did not by a declaration of war place the final authority on all questions related to civilian economy, as well as the Army, in the hands of the Army, did they?

General McAfee. It implied that all of the means that we had would be placed in their hands.

Dr. WEBER. Let me ask you this question. The soldier has to carry his gun; he has to have food in his stomach. Just as essential as the gun is the food in his stomach. It is just as essential to get the gun production and the food in his stomach as it is to get the soldier there and the food and the gun. Doesn't that indicate that in a total war every phase of the economy, production of food and production of armament, is as essential as getting those things together in the theater of war, which means that we cannot say that the health of the soldier on Guadalcanal is the prime and only consideration and the distribution of medical personnel. Doesn't that mean that we must look to the health of the man producing the gun and the man producing the food? Does the decision with regard to the health of the man producing the gun and the man producing the food lie with you or lie with the civilian authorities? In other words, you bring into the Army the number of men to be utilized and you keep the men necessary in the munitions plants to produce the munitions.

General McAfee. I don't know whether I am competent to judge that; but the decision seems to be that the munitions undertaking can satisfy the seven and a half million men. And that is the decision that has been made, and that is the number for which we are asking to furnish medical care.

Dr. WEBER. Here we stand to lose 6,000,000 man-hours per month from industry because of illness and sickness. Industrialists tell us that 90 percent of it is preventable and can be removed. That is so much less in tanks, planes, cannon, and so on, isn't it? By preventable illness on the part of war workers, some of which is due to shortage of medical facilities, some due to shortage of doctors, some due to shortage of nurses, and so on.

You agree that we cannot take for the Army without regard to what is needed for the war worker?

General McAfee. That is right.

Dr. WEBER. So there has to be a balance.

General McAfee. Yes.

Dr. WEBER. The question is, Where do you feel the authority to make a decision to keep that balance should rest? And where does it rest now?

General McAfee. For the number of man-hours that are lost due to sickness—and we don't know whether that is due to neglect. You would not make that statement, would you, that the loss of that time is all due to neglect and lack of medical care for these individuals? I don't know what the normal loss would be; but sickness covers a great many of the reasons for lost time.

Dr. WEBER. I just want to say this, that Mr. Kaiser, after a period of experimentation in the care of his workers, found that he could reduce 90 percent of the time lost. He has been using about 200,000 to 300,000 workers on various projects over the last 3 or 4 years. So in a certain sense it is a fairly well-controlled experiment.

Is there any authority today which maintains a balance between the military and the civilian use of medical manpower?

General McAfee. I don't know of any.

Dr. WEBER. You don't know of any?

General McAfee. No, sir. And whether under the Procurement and Assignment Service or under the Manpower Commission—I believe it is called—I don't know whether that authority would apply.

As it operated, Colonel, is that your understanding?

Colonel REYNOLDS. I think there is a balance now. I think Mr. McNutt has the authority of which you speak; and I think Procurement and Assignment through their authority to approve or disapprove, the individual assignment of authority to discontinue active recruiting in a State has been exercising that very authority.

Mr. WEBER. That is all I have, Senator.

Senator MILLIKIN. Thank you very much, General, for coming down here.

Colonel REYNOLDS. I have a statement that I would like to make at this time, if I may. The things that I have to say are not additional to those that General McAfee said, but are rather complementary to it, because I want to present a staff view of the War Department, the line officer's view, because I am an Infantry officer, and then the view of the Infantry officer who has trained more medical officers than any other officer living, because I was for 3½ years at the Medical Field Service School and approximately 10,000 of 35,000 medical officers we have went through my hands.

First, the staff view. The size of the Army has to be large enough to win the war. No one will dispute that. The medical responsibility involves giving an adequate medical care to those citizens who constitute that Army. The matter of the ratios, which comes up all of the time, in my judgment leads to false conclusions. Some feel that this ratio of 8 per thousand, or whatever it is, is spread uniformly everywhere. But that is not the case. The unit is studied and provided with the medical service for its needs. For example, the Infantry regiment of a strength of 3,300, has 10 medical officers. The Infantry parachute regiment of about 2,000 has 9 medical officers.

The Quartermaster Laundry battalion of nearly 700 has only 2 medical officers.

The Armored Infantry regiment of nearly 2,400 has nine medical officers.

The armored division of over 14,000 has 93 medical officers total.

My point is that each unit is studied and its medical needs provided. And when you add the total medical officers in the Army and apply it to the enlisted strength of the Army, a ratio results, and it would be only accidental if that ratio existed in any single installation.

While that seems very clear, there have been quite a number of people who have completely false conceptions as to how that ratio is reached.

In my present assignment I have much to do with the distribution of medical officers within the Army and it is by just such studies as I have referred to that these needs are satisfied. The distribution between units and the over-all distribution between air forces and ground

force, services of supply, and so on, is a serious thing. I have covered the matter of how doctors volunteer for services. And when they volunteer they are called through the Procurement and Assignment Service and there finally either approved or disapproved.

To add strength to the use of these doctors after they have arrived—I will go into their training, but the question of shifting and moving these hospitals and infantry regiments overseas has a dominant bearing upon the whole problem. And it is entirely possible that a unit that we would like very much to have had shipped last September is still in the United States without shipping being available.

I would like to touch from the staff viewpoint on this question of rehabilitation and the rejection rate.

The rejection rate is not 50 percent, which was stated; but since the declaration of war that has gone down. It is still high. That can be obtained for you by telephone if you want it, that is, the exact ratio.

Involved in that rate, however, is the fact that some men are sent more than once from the same local board and are rejected more than once. The total number of rejections is greater than the total number of men rejected. And that fixes the rate.

If we take into the Army manpower who need extensive medical rehabilitation two things would result. One is that we would need still more medical officers to accomplish this additional medical load; we would need additional medical facilities, beds in which they could be cared for during their period of rehabilitation. So the standards that we have established for accepting the man into the Army have that consideration also.

Mr. RONACK. May I interrupt with the thought that it was not necessarily that the Army should be responsible for taking in people of inferior physical constitutions and rehabilitating them, but the question was directed toward the general problem of wasted manpower or rejectees who are rehabilitable, but not being rehabilitated, perhaps by some agency in civilian life which should be responsible for seeing that that person turned away from the Army induction center had some provision made for him.

Colonel REYNOLDS. Yes; I agree with you entirely. It has been an eye opener to me—the low standard of our people, as a whole. I do not think it is an Army problem, I think it is a national problem. It is not applicable only to war, but it will continue.

I would like to give you my views as an Infantry officer, because I am only temporarily a Staff officer.

There is nothing so destructive of the morale of fighting troops as poor medical service when the soldier sees his wounded comrade die because there is no medical service for him. There is nothing which converts good soldiers into bad soldiers more quickly.

Then, there is the problem of the morale of the parents. They give their sons to the Army and to the Navy. As soon as their confidence is shaken as to whether they are adequately cared for if they become battle casualties or become sick in the service, we have the most serious internal morale problem.

To give our soldiers anything but adequate medical service would be gambling with the destiny of this country and the outcome of the war to an extent for which I, for one, would not choose to accept responsibility.

The medical standards of American people are higher than those of people in other countries. That is true in civil life and it is true in the Army. The standards that we take for granted in Washington and in Chicago and in my home town of Dundee, Mich., are much higher than those of China or Russia, or even of England. The medical standards of the Army must be on a plane which will satisfy our people.

The conditions in the theaters of this war are tremendously different and more difficult than in the theaters of the last war. Consider Guadalcanal. On the way over here, General McAfee told me of the number that had been evacuated from Guadalcanal by air or by boat. That figure, however, is not available for the record.

Not only are the conditions of the theaters different, but the conditions of battle are different. The casualty rate in the last war gave to the Infantry more than half of the total battle casualties—far more than half. That was because the nature of combat was restricted largely to the ground and they were not likely to become battle casualties unless within the combat zone. But this is quite a different war, and all areas are subject to bombing attack. So you have a different condition than we had before, and it requires medical service to be extended and diffused to a greater degree than heretofore.

Then, the conditions in actual battle are far different in themselves. Even in the last war there were many examples of the use of great masses of men. It is less true in this war. The emphasis is upon the small units. That is especially true when operating in the jungles against Japan or in the North African theater. The differences on the Russian front are perhaps different to a lesser degree; but the nature of battle has changed; the scope of the whole thing has changed.

We have to have doctors where they are needed; and that we cannot tell because it depends upon the action of the enemy. He is going to do everything that he can to deceive you as to that. We must be ready to meet the unusual health conditions of the jungle and the desert and the mountains.

The casualty rates in areas certainly are extremely high. The block-buster bomb is an example, where everyone within an area may become a casualty. The over-all casualty rates I do not know, or whether they are higher in this war or lower in this war so far as our troops are concerned. We have so recently entered active operations that any figures we could give you would perhaps be very deceiving. Others may be able to tell you with accuracy the losses that the Russians have endured, but I am unable to do so.

A fact about doctors in combat which is often overlooked is their own losses, and you must consider that a doctor may himself become a casualty. In the other war the casualty rate of medical officers was about the same as that of officers of the Corps of Engineers.

We have to figure on replacements of doctors, medical officers, as well as replacements of infantry officers. The casualty rate of medical officers is far less than that of Infantry officers but it is a factor to be considered. That is one of the hazards of saying to the armed forces, "You may have so many doctors but no more," because we don't know how many will be battle casualties themselves.

Where you have a shortage of medical troops you get this result: Loss of morale, which I have discussed. But we also get another thing. We get our own fighting troops caring for our own wounded, and we

have fewer people fighting; they are carrying litters and are helping evacuate the wounded.

A very important factor from the manpower situation is the salvage is wounded and give him good attention we may have him returned to his unit in a day or in a week, whereas with poor medical service he has to wait a month or should die. If the latter, we have wasted manpower, and that is perhaps the greatest disservice to the American citizen who is in the Army.

So there is not only the human consideration of responsibility for these lives, but there is the practical situation that if we send 10,000 men to a theater and 4,000 of them become sick or battle casualties, and if we have to send in 4,000 replacements rather than curing them and returning them to duty, that is a logistic problem, and in the meantime we may lose that battle.

We feel that responsibility for the health and welfare of our men. That we cannot share with anybody else. If I commanded an Infantry regiment I could not permit anyone else to have more responsibility for the health and the welfare of those men than I would as their commander. And I am sure you understand that.

Now, I told you that I had a great deal to do with the training of medical officers. And I want to make that clear to you because there are few people who perform that duty who are not themselves doctors.

The civilian doctor who knows nothing of the Army seems to have a feeling initially that he will continue to do very much the same in the Army with respect to the practice of medicine that he has done in his civil practice. He gets over that in due time, but only when he has been converted from a doctor to a medical officer. There is a great difference.

I thought perhaps you would like to know something of the scope of his training.

First, he is in command of men, men of the medical department. I like to regard those men as doctors' helpers, because they are trained in first aid; they are trained as technicians and in many fields which enable them to do a better job. The doctor is responsible for the men in his department or company who are his helpers. So he has to be taught to train the men and know how to feed, clothe, and administer them just the same as I, an Infantry officer. And they are his men, just the same as the men in my command are my men.

Then there is the tactical side. He has to know, if he is with an armored regiment, what that regiment does and how it does it. He has to be a member of that team.

The armored regiment or the infantry regiment moves swiftly in battle. The medical officer who is with it must accompany the unit. So he has to know how to execute operations, river crossings, motor transportation, and all of those things so that he will be at the right place at the right time. He has to know a good bit about tactics of these various units so that he can pick the places which are the most likely to provide the casualty concentration area. With tactical knowledge, a man can say that the bulk of the casualties are likely to occur in this area; and then establish his medical installations accordingly. He has to select the location for his aid station; that is, the place where men who are battle casualties will be assembled initially to be prepared for removal to the rear. And he has to know something of tactics in order to make that choice.

He also has to know a great deal about individual movements on the battlefield if he is going to live, because if he moves out on sky lines or exposes himself otherwise he will soon become a casualty himself. He has to know a great deal about the effect of bombings and the operation of air units of all kinds and armored units. He has to know a great deal about map reading so that he can get the plan of action at 9 o'clock tonight and the movements that are to be executed prior to dawn, and what will happen tomorrow, so that he will be at the right place and have his unit there.

One of the hardest things to do in the training of medical officers is to have them understand the difference between the duty of a doctor and the duty of a medical officer.

I have mentioned but a few of the high lights of those conditions. It should be obvious that a doctor who is with an Infantry regiment or an armored regiment or a parachute regiment who lacks that training will be of very limited use to us. It takes time to get that training.

Out of a thousand people who undertake that training, probably 900 to 950, after a month or 2 months of study and with application, will come to the conclusion that there is a great deal more to being a medical officer than to being a doctor. That applies, of course, with greatest emphasis to those medical officers assigned to duty with combat troops.

They have to get their training before combat. They have to get it with the units. They have to get it with the unit that they are operating with, because a man with an armored infantry regiment must know different things than one with the other infantry regiments. The man with the parachute regiment has still other things to learn. He can not join the unit at the time they go over the gangplank. He would be of no use to them except in the routine care of the sick.

We take them and give them that training, and they have to be ready to operate by the time the enlisted men arrive. So while we are in the phase of building the Army, the number of doctors must necessarily be something above the over-all ratio that we would eventually need, because those doctors are under training to learn their jobs. It is interesting to see how that ratio has gone down as the Army has increased. For example, on March 31 we had 7,847 and on October 31 we had 7,354, a reduction of .5 percent. That was especially interesting to me, because on March 1 we were extremely alarmed at the small number of doctors we were getting. We then had under 12,000; and we instituted a new procedure to get them more rapidly. We have brought up that number to 35,000 since March 1. A large number of them are still in training or having completed their minimum of training are awaiting shipment to the theaters overseas, which again depends upon shipping.

Those are my three views.

I would like to reiterate that the size of the Army must be large enough to win this war quickly or we will not have any country left. The medical responsibility is to give to our soldiers the medical service they must have, regardless of the nature of the theater or the conditions. If we do not give that, then we destroy their morale on the ground, we destroy the morale of the fathers and the mothers at home, and we will probably lose because of the vastage of the manpower

we have, which might be so great that you would get a defeat instead of a victory.

We feel a great responsibility for the medical care of the soldiers. And while General McAfee may be said to have the greatest responsibility in that regard, we feel that in all grades and in all positions they are directly under our command.

I would approach the question with the greatest reluctance if it involved using in the Army a smaller number of doctors than experience and analysis and study would indicate. And the total ought to be arrived at by that process rather than by saying that you may have only so many. Anyone who made that decision would certainly have to assume the responsibility for the lives of the soldiers.

Gentlemen, I feel very keenly about this subject. I lived with it for years. I appreciate your giving me an opportunity to say these things.

Dr. WEBER. Have you time for a few questions?

Colonel REYNOLDS. Yes; indeed I have.

Dr. WEBER. We acknowledge that it is necessary to have the Army. Is it equally necessary to have the food and the munitions?

Colonel REYNOLDS. It is indeed, yes.

Dr. WEBER. Can we destroy the morale of the soldiers if the health of the people at home deteriorates?

Colonel REYNOLDS. There must be a balance in all of those things, of course.

Dr. WEBER. Is the maintenance of the civilian population at home in a fair degree of health one of the conditions of the morale of the Army?

Colonel REYNOLDS. I am sure it is. If I received information that my wife was unable to get proper attention, it would affect my morale. I am a soldier, just like all of the others.

Dr. WEBER. So with proper medical facilities and manpower not available for rural homes and industrial areas, we are cutting into the Army morale?

Colonel REYNOLDS. Yes. But, on the other hand, we have been very, very careful not to establish a requirement for medical officers more than necessary; that is, not a single one more than we genuinely need.

I would like to add one thing about the Medical Administrative Corps officers to illustrate that point.

A Medical Administrative Corps officer can be used in many jobs to replace doctors. He can perform many tasks connected with supply and administration. But not all of them release a professional doctor, although a considerable percentage of them do.

In June 1941 the capacity of the Medical Administrative Corps Officer Candidate School was 100. In October of this year it had been increased to 3,900, which gives us a monthly inflow in excess of 1,000 Medical Administrative Corps officers. And by the most careful process we are substituting Medical Administrative Corps officers for Medical Corps officers.

Of course, General McAfee makes those analyses, but the War Department is interested in making the maximum use of, shall we say, nonprofessional people where they can replace our people. And great achievements have already resulted, and they will continue. We plan to maintain the M. A. C. schools at a capacity of 3,000 during the year 1943.

Dr. WEBER. Colonel Reynolds, if we have to maintain munitions, and if we have to maintain the civilian morale in order to maintain the soldier morale, would it also be true that in order to maintain the flow of munitions and to prevent wastage of manpower at home, we have to make adequate provision for industrial workers and farm workers?

You see what I am trying to do is perfectly obvious. I am just taking your point one by one and say: Do they apply equally to the whole population as they do to the Army, and coming up to the question that there must be an authority to decide.

We recognize the particular professional responsibility is up to the Army. We expect you will fulfill that. But the problem is in a total war the entire economy, and the entire population is fighting. There is the worker in the steel mill who is as much on the battle front as the soldier. For instance, you have indicated that we have unusual casualty conditions in the war. That is also true on the industrial front. There are differences in the field, and the civilian population is just as different as is the case in the Army. Wouldn't you hold that all the points that you have made there apply equally to the civilian population that remains at home?

Colonel REYNOLDS. There is much merit in your statement. And there must indeed be a very careful balance in favor of the factor of our national life and economy.

It is a question of who is to come first, the soldier who is wounded in North Africa or someone else. In my opinion, the American people would want first to insure that the wounded soldier from Zanesville, Ohio, or from some other small town, had the care that he needs. But so far as hazards are concerned and so far as concerns medical service, you would never deceive anybody that it is an equal proposition. The soldier in the infantry regiment or in the parachute regiment or in the armored regiment, or the pilot of a plane or the crew of a plane, is the one who accepts the hazard for the preservation of his country infinitely more than any of the other necessary persons to whom you referred. But may I suggest that there is no difference in principle in the discussion.

Mr. ROBACK. There is a recognition in the sense of casualties that it is not equal, because the civilian population does not have the same ratio of doctors. Granting the principle that the needs for prosecuting the war must be met, and if they are not met that would defeat the objective—granting that principle, we cannot service any one side of that total objective in such fashion that it detracts from one other side. I think there is no disagreement there.

Colonel REYNOLDS. I think Dr. Weber agrees with that. We are not in disagreement, as I have said, are we?

Dr. WEBER. No.

Colonel REYNOLDS. There must be a balance.

Dr. WEBER. After the responsibility is met by the civilian authority responsible for their half of the picture as to what their minimum needs are and exactly what to do about it—

Colonel REYNOLDS. As to that I cannot say.

Dr. WEBER. But it is your belief that the authority to maintain this balance lies with the War Manpower Commission?

Colonel REYNOLDS. Well, I did not state it quite that firmly. I said that it was my opinion, rather than my belief, I am unable to give you

a definite statement of the powers of the Manpower Commission as to that question. It is too recently established. I think there is no doubt that they may have that authority.

Dr. WEBER. Thank you, Colonel Reynolds. You have made some very valuable statements. The Senators will be able to read them in the record.

Colonel REYNOLDS. I appreciate the opportunity of giving them to you. I feel that I know the Medical Department and its problems from the view of the line officer. It is a very important question that you are working on. But I still hope that you will think of the soldier in North Africa first.

(Whereupon, at 1 p. m., a recess was taken until 2 p. m.)

AFTERNOON SESSION

(The hearing was resumed at 2 p. m.)

Senator PEPPER. All right, gentlemen, the committee will come to order.

Dr. Peters, will you be kind enough to come forward, please, sir?

Will you state your name and a bit of your background and your present position, please?

STATEMENT OF DR. JOHN P. PETERS, PROFESSOR AT YALE SCHOOL OF MEDICINE AND SECRETARY OF THE COMMITTEE FOR IMPROVEMENT OF MEDICAL CARE, INC.

Dr. PETERS. My name is John P. Peters. My present position is professor of medicine at Yale, but I must add that I am not appearing in an official capacity, but merely as John P. Peters, and I do not know what you want of my past record.

Senator PEPPER. Well, you might just give us, if you do not mind, Doctor, a little sketch of your background to indicate the breadth of your knowledge and perspective on this subject.

Dr. PETERS. Well, I graduated from the medical school at Columbia in 1913 and was for 2 years an intern at the Presbyterian Hospital and then was a research fellow and instructor in medicine and I was assistant attending physician at Presbyterian Hospital until 1917, at which time I went to France with the Presbyterian Hospital unit and served there 21 months and for something more than the last year over there I was chief medical officer of the Presbyterian Base Hospital unit in France, serving with the B. E. F. That is, the hospital was taken over entirely by the Americans, but we served entirely with the B. E. F.

When I came back I was for a while instructor at Cornell and attending physician at Bellevue, and then was appointed assistant professor at Vanderbilt, and am one of the few people that have ever been in the position of never having seen the university at which they were at one time professors, because I was given leave of absence for a year; then I worked at the Rockefeller, and in 1921 I went to Yale as an associate professor of medicine and since then have carried on and have become one of the professors of medicine.

Senator PEPPER. What is your field, Doctor?

Dr. PETERS. Internal medicine, working especially in the field of metabolism and chemistry and its applications to medicine, but I like

to think of myself as an internist, and I am practicing as attending physician at the New Haven Hospital.

Senator PEPPER. Thank you, Doctor.

Now, have you a prepared statement that you would like to make, first?

Dr. PETERS. I have an outline that I would like to use.

Senator PEPPER. We would welcome that.

Dr. PETERS. First of all, I would like to say that the real reason I wanted to come here is because I think that a great deal of attention has been paid to a distribution of physicians, and very little to the conditions under which they may be distributed in order to obtain the greatest efficiency which could be obtained, and I do not think that one can possibly approach this subject without taking this matter into consideration.

It seems to have been assumed that the problem of supplying medical care for both the armed forces and the civilian population is merely a matter of distributing physicians. Modern medicine, however, cannot be provided by practitioners without facilities, nor without co-operation. Competent physicians cannot be induced to move to new communities if they cannot be assured both facilities and associations that will permit them to conduct their practice in accordance with their principles.

I was interested this morning, when General McAfee emphasized the fact that in their hospitals they have such a correlation and obviously he considered that to be a matter of necessity in the Army. I believe that it must be considered an essential matter if we are to use doctors to the best purpose in civilian practice.

I do not—let me say, rather, I think that doctors properly correlated, and correlated with proper facilities, can be expected to perform a very much larger service than they can take care of, personally, if left to go ahead as individuals.

Furthermore, they cannot with justice be moved to such communities if they are exposed to the vicissitudes of competitive practice with payment on a fee-for-service basis, and I think that ought to be self-evident. The disposition of medical manpower has, however, been entrusted almost entirely to the leaders of organized medicine who have pledged themselves to resist any changes in methods of practice.

The best proof of this is found in the publications and activities of the national physicians committee for the extension of medical service, an avowed lobbying organization endorsed by the governing body of the American Medical Association.

Now, there is another point I would like to make, and that is this—that we cannot afford at any time to allow the productive services of medical science to cease; that means medical science is not a static matter, that medicine every year is way ahead of the previous year and that today we are far ahead of the medical science of 10 years ago—at least we should be, if medicine is properly practiced.

Now, the great advances of medicine in the United States cannot be attributed to our system of private practice; the practitioner is playing continually less part in the progress of medicine and is being driven more and more into a purely derivative position because this system of practice does not permit him time or opportunity for study and investigation.

Such activities require highly organized facilities and associations. They are being conducted entirely by full-time salaried workers in institutions. It is imperative that these activities be augmented, not curtailed.

Again, I believe that every time you effect a real advance in medicine you save doctors and lives. But the disposition of medical resources has been entrusted to the entrepreneurs, to the neglect of experts.

I should like to emphasize that point because I do not believe that at any time it can be neglected.

While educational institutions have been asked to accelerate their schedules and to increase their enrollments to provide more physicians, they are not permitted to retain a large enough qualified personnel to maintain proper educational standards. In addition, members of their faculties are forced to assume a larger burden of clinical work.

The younger men are taken into the armed forces before they have had sufficient training to insure competence. They are removed to an environment and duties in which they have not opportunities to supplement their education along the lines which will be most serviceable. In war as in peace the most valuable asset of the physician is professional skill and expertise.

I do not believe that military training can help our men in any place where real medical service is required as much as expertise in the practice of medicine.

It is doubtful whether the Army actually requires or can effectively utilize as large a proportion of physicians as it is demanding. There can be no doubt that it will profit by having physicians of the highest quality. Instead of denuding hospitals and medical schools while young medical officers are isolated from medicine in training stations, it should be possible to keep them in medical work in the best civilian institutions, supplementing this with the necessary instruction in practice and administration.

At least, every effort should be made to reduce to a minimum the period between induction and active military service. Furthermore, physicians should not be wasted in activities that are not strictly medical.

Now, one thing should be obvious at the present time, and that is that the men who will practice the medicine of the future have got to be derived from the younger men, men who are now young, who are coming along in their internships, assistant residents, and residencies, and who have the necessary background. We are here trying to sweep those men out of existence. The saying is that they are not essential, they can be moved, and that they have completed their education and it is assumed that they can simply be grouped together in the Army, with no further training or anything, and put in perhaps as battalion medical officers, and certainly, if the Army has any need, it has need for specialists in all lines. They may be able to denude the country of its young medical men, but they are not making any provision for replacing them.

Senator PEPPER. Those are the interns?

Dr. PETERS. They are the interns and the assistant residents, and the senior men who have finished their internships and are studying further to enlarge the scope of their knowledge and activities and to develop themselves in some particular specialty. That is the

course that they pursue, when they become specialists, to finish their internships and go further in a residency where they can carry on further study in the proper surroundings.

Senator PEPPER. You mean they take these interns and assistant residents and send them into general medical service in the Army?

Dr. PETERS. A great many; yes, sir. I would like to come to that point later, if I may, or perhaps now, and say that they are our most vulnerable spot today, because no one can say that they are needed here or needed there. They have not established community ties, as physicians, and they are being taken in a rather sweeping way and are not being taken, I think, with sufficient appreciation of the fact that some of them have attributes of the greatest value. They are being taken simply as interns, as residents, with no proper consideration given to their background or training but simply because they are men in the proper age group, and that is all.

As far as procurement and assignment is concerned, many are coming forward through the accelerated educational system. They are not essential and they have no vested interest to protect them.

Senator PEPPER. Doctor, they are really the creative men of the future.

Dr. PETERS. I should like to come back to that again, but I will point out that you will find that most of them are being taken into the service, put in as battalion medical officers and given no further training in medicine. They do not really have sufficient medical knowledge, or medical background so that at the end of the war, these men will flood the country and I do not know what you are going to do with them.

But in the meanwhile it seems to me that there should be some attempt to select a group of these men to go on with investigative work, go on and become specialists, whether with the Army or in civilian service makes no difference, but the best place to train them is in the hospitals and teaching institutions of this country.

Senator PEPPER. You show the possibility of steps being taken that should be taken. We have a witness who appeared here and made the suggestion recently—that was Dr. Osincup, head of the medical society of Florida, now a lieutenant colonel in the United States Public Health Service—that, even if they took them in and gave them the course in indoctrination, they could at least send them back home for further education, an internship, or whatever it might be, until they were actually needed to go on active duty.

In that way the number of physicians actually practicing could be enlarged, and they could be given an opportunity at special practice. What do you think of that, Doctor?

Dr. PETERS. They should be sent somewhere for further education and not just thrown in a pool somewhere.

Senator PEPPER. I mean, if they are going to be taken into the service, and if a man had to go into a little period of indoctrination, could they not swear him in and send him back to his hospital after he had been given his uniform and let him continue his work until they would need to call him in, if they are not going to defer him?

Dr. PETERS. I think, perhaps, there must be some way along that line, such as I suggested: if this indoctrination were not to be done in isolated places, places isolated from medicine. It should be done as

an adjunct to that hospital, adjoining their work in medicine, at hospitals and medical schools.

Do not see why you cannot move a fence out there, if they have to jump fences for exercise, into the backyards of the hospitals, as far as that is concerned.

Senator PEPPER. And they could send the forms up there that they have to fill out and let them get accustomed to that.

Dr. PETERS. Yes; and the sergeant would have to come up and teach them how.

Senator PEPPER. And they would wear the uniform and learn the etiquette they would have to observe later on, while they were in the institution. Would that not be a help, Doctor?

Dr. PETERS. I should think so, sir.

Mr. ROBACK. May I interject there?

You were not here this morning, Senator, but General McAfee, the Surgeon General of the Army, spent some time discussing the problem the Army had of converting doctors into battalion medical officers, and emphasized the variety of activities and experiences which such medical officers had to undergo before they were a proper part of the unit.

I wonder if Dr. Peters would comment on that.

Senator PEPPER. I did not hear that, but I would imagine that their duties related more to administrative techniques than to practicing medicine, or furthering the science of medicine, or that they were a sort of public-health officer for a group of men, you may call it a battalion medical officer, but they act really in the capacity of a public-health service officer for a group of soldiers, instead of for a group of civilians.

Have you had an opportunity to hear the Army side of that, Doctor?

Dr. PETERS. I heard them this morning.

Senator PEPPER. What is your comment on that point?

Dr. PETERS. I think that the question of the battalion medical officers has always been a controversial one. I was interested especially in the point of view advanced this morning that medical training, advanced medical training, was not of much importance to those men, that they were needed mostly to be indoctrinated, and that after such indoctrination, if they were experts and there was a need for an expert for their particular field there, they might be taken in as such but most of them were needed as some kind of morale officers.

Well, my impression of that was the lesson that came out of the last war. If you do need such morale officers, then I think that great care should be exercised to see that you are not sacrificing the most valuable intellectual material you have in medicine for that purpose.

Senator PEPPER. In other words it would not be an economy in the use of the Nation's medical manpower resources, to make a battalion medical officer out of an expert laboratory man or an expert surgeon, or a man who is an expert in some particular field of medicine or medical science.

Dr. PETERS. Or even to make them of the most selected material that could be gotten.

Senator PEPPER. I see your point; in other words, the job of the battalion medical officer is probably to look after the general over-all health of the men, probably to set up a medical system which will provide that they will have access to some medical specialist further

down the line, that the main thing this man has to do is treatment for prevention of disease, and so forth; but you want to exercise circumspection in the type of men you are taking in on that assignment, or any assignment, and you want to remember the potentialities of men, as well as what they are already, in those assignments.

Dr. PETERS. Yes, sir; and we just cannot say that because a man is 20 years old, that he is going to be taken in on no other basis than that, or because he is 22—I don't know who we will be having in the medical schools before long.

Senator PEPPER. Go ahead, Doctor, with your statement.

Dr. PETERS. If such a large proportion of the practitioners of the country are taken into the Army before they have had an opportunity to develop themselves, it will be a tragedy not only to them but to medicine, if, at the end of the war, they have no choice but to be thrown back into the melee of individualistic competitive practice.

All these are compelling reasons why steps should be taken at once to establish unfettered experiments in the practice of medicine along exemplary modern lines. This could be best accomplished by the institution of well-balanced groups with integrated facilities about hospitals in industrial and rural communities.

Perhaps this may not be in entirely the proper sequence for the logical outcome of my argument, but I hope I will make my point clear before I am through.

Payment in these groups should be by salary proportioned to the value of the services given, and generous enough to attract and retain talent.

As I said before, if you are going to ask a man to go into a new community without immediately equipping him and seeing to his facilities and cooperation with specialists, and so forth, and if you are not going to put him on a salary, but are going to make him risk everything in the private practice system, I do not see why men should move and I do not think it is proper to tell them to.

Senator PEPPER. Well, now, you know the Valparaiso precedent, in Florida, do you not, Doctor?

Dr. PETERS. Surely.

Senator PEPPER. Doctor, the man who went to that community to practice, where there was no medical service available, was commissioned in the Public Health Service and derived his compensation from the Public Health Service and the people paid for the services that he rendered, paid into the Public Health Service treasury, and that money was used for other purposes.

Is that something like what you had in mind, or did you have in mind, that they would not become commissioned under the Public Health Service?

Dr. PETERS. I have in mind something ultimately that goes beyond that.

If I may go on, I would like to come back to that later and answer your question.

Senator PEPPER. Please do, sir.

Dr. PETERS. Prepayment systems should be established for those who can afford them, subsidies for the needy. Philanthropy is too uncertain an instrument. The best existing hospitals, public and private, as well as medical schools, should be utilized and strengthened

if and so far as they can be adapted to such a program and will meet the necessary standards for qualification.

These experiments must be instituted in a free spirit, without inhibitory conditions aimed at the preservation of vested interests. Especially must steps be taken that will permit the most suitable men to be made available for them, regardless of geographical considerations, although efforts should be made to permit participation of local personnel as far as it may be compatible with the successful conduct of the experiment.

It will require that present barriers between States be broken down. There can be no proper objection to such a step in this crisis if care be taken that standards of qualification are in no instance lowered. Means must be found to put an end to the obstructive practices of organized medicine that prevent the institution of such experiments. Out of such experiments patterns should be found on which more extensive programs can be modeled that will further efficiency during the war and provide better opportunities for the members of the medical profession who are and will be serving in the armed forces.

And may I say, in these civilian projects, I think that if they are not established on a basis that will be permanent, what are you going to do when the war is over, the Nation drops its guns, and the men return to complete their education? What can they do, and how best go about developing their education?

Now, what we should do is to embark on a program of medical service and medical education in this time of war that will build up a machinery enlarging the educational opportunities of these men, and if we can get rid of some of these bogies, and build up real experimental models, you might say under this plan, and do it wholeheartedly, not a fee-for-service basis, or catch-as-catch-can basis, not just by asking these men to go to a certain place, but seeing that we have real facilities, real cooperation, what might be termed a sort of base hospital such as they have in the Army. I do not see why that can not be done, I do not think that anybody would say that is impractical, if they studied it thoroughly.

Senator PEPPER. Are you going to unfold that plan a little more in detail later, Doctor?

Dr. PETERS. I think it will unfold itself, sir.

The selection and allocation of medical personnel should not be vested in the military authorities. Their primary responsibility is to the armed forces; while this problem involves the civilian economy as well.

Moreover, the Medical Corps of the Army and Navy have been developed with one highly specialized administrative objective, out of contact with the general problems of medicine. If authority is to be vested in a single person, this individual must be selected from those with personal experience, not only in medical care of patients, but also in educational and investigative pursuits, and without prejudicial affiliations.

I believe he should be authorized to appoint expert advisers drawn not only from the ranks of physicians, but also from all ancillary services required for the proper administration of a health program.

Now, there is only one other thing I would like to say, and that is that the idea that social experimentation and reorganization aimed to increase efficiency should wait until the war is ended, is unrealistic in

the extreme. Efficiency was never so urgently needed as it is in this critical period.

Senator PEPPER. Now, Doctor, will you sketch, by way of summary, what those recommendations of yours were?

Dr. PETERS. Well, I believe the most important thing is to have the authority so vested that it can select men according to their utility, and their skill. At the present time we are considering them only in relation to a system of practice that has been established many years ago. I do not believe that we can maintain this system of practice and get the efficiency and the number of doctors we need, and under the present system I believe that at the end of the war you will find such a disproportionate number in the Army, that you will find that it creates an injustice so extreme that some other form of practice will have to be found.

Under those circumstances, nothing could be more useful than clear-cut experiments in building groups around hospitals where you can really attract men of the highest caliber and have the turn-over, or supply of men, more or less continuous and thereby establish centers, or other centers in other institutions which will give an opportunity of further education to those men returning from the Army, and an opportunity for them to get into the kind of groups with which they have been associated in the Army, and continue it afterward.

Senator PEPPER. You are suggesting that there should be established, in various parts of the country, something in the nature of the base hospital, where they would have trained staffs, and research facilities available, and the latest knowledge at hand, and that those would be the real medical centers of the country, and you might say that practitioners would gravitate from those places out into the lesser-settled areas, spreading that knowledge.

Is that the gist of your proposal, Doctor?

Dr. PETERS. I believe you will find that such centers, or some system such as that, will be necessary to increase and to maintain efficiency and specialization, which will be furthered after the war, and that will be necessary to maintain proper medical care, no matter what the Army may take, with such a shortage of physicians in the civilian population.

Senator PEPPER. Now, Doctor, I am only a layman, but I recall that we had some testimony here a few years ago in respect to a bill that I was trying to get enacted, which contemplated the appropriation of \$3,000,000 from the Federal Government with a similar sum being provided by the States to set up the necessary facilities and provide the necessary services for a program that was intended to provide research in, and services for the correction and prevention and cure of the common cold, influenza, and pneumonia.

I recall that some witness who testified in support of that bill testified, for example, that with respect to the treatment of pneumonia, if the physicians were able to get a sample of the sputum in time, and get that to an adequate laboratory and determine the type of pneumonia, then with the modern drugs it would generally be possible to save the life of that patient, but the critical point in the treatment of pneumonia was in discovering the type with which the physician had to cope.

Now, have these sulfa drugs eliminated the necessity for knowing the type of pneumonia, for example?

Dr. PETERS. No; I think you had better still know; this does not always apply, of course.

Senator PEPPER. The point is, the laboratory facilities were the essential need; that is, adequate treatment required the clinical and laboratory facilities.

Dr. PETERS. It is also an essential need to see that the sulfa drugs are given in adequate amounts, and not too much, which might not serve a useful purpose. We also need a broader educational policy, and a continuation of the education of the men in these communities. Aside from that I hope that within 10 years the sulfa drugs will be dated.

Senator PEPPER. Will be what?

Dr. PETERS. Will be dated, as everything else in medicine is.

We hope to have the medical profession so organized and have the centers so grouped that the medical men may be continually coming in and learning the new techniques and new practices.

Senator PEPPER. Now, do you not think there are enough hospitals of that character, throughout the country, to meet the current needs of the country, do you?

Dr. PETERS. No, sir.

Senator PEPPER. Have you any figure that you could suggest, or any ratio or relativity that you could mention that would indicate the degree of inadequacy?

Dr. PETERS. It is not only the need of hospital facilities, but clinical facilities; but if you do not have the proper correlation, just have a haphazard system of giving medical service, it cannot function in any such sense as I have outlined here. That is why I am emphasizing the fact that this should not be done at large, but with well-controlled experiments, and out of each one you should learn enough to start another experiment.

You will have to find some way of solving the question, both during the war and after the war.

Senator PEPPER. Your thought was that you would take a community where there was inadequate medical—

Dr. PETERS. No.

Senator PEPPER. With inadequate hospitalization facilities?

Dr. PETERS. No; I do not say that, although, of course, you will have to do something there.

You might just as well begin by strengthening some of the existing hospitals and educational institutions because you want model experiments and these other things have got to be more or less haphazard.

Senator PEPPER. Were you thinking of using the existing centers and adding to them, is that it?

Dr. PETERS. They may be used. It will be necessary, of course, to establish medical facilities in growing rural communities, and you might as well establish these medical centers in places like that, but with adequate means to support experimentation.

Senator PEPPER. Was it your idea that there would be some national plan or national survey of the facilities that are available, and as to the adequacy of those facilities, and then there might be a program of trying to furnish the necessary facilities in those areas where they now do not have such?

Dr. PETERS. I think you have got to do this: I think you have got to get some group that will assist in this experimentation in proper mod-

ern medicine and use extreme care in the selection of the individuals, both as to the men themselves and their utilization—both must be investigated, and you must also have some disposition of the proportion to be taken into the military service and must be given the assurance that these men are also being used in the most useful way, in the service.

Senator PEPPER. Doctor, are you prepared to say that, in your opinion, the people of the United States, taking them collectively, are not receiving the medical service, including professional service and facilities, that they are entitled to, or ought to have?

Dr. PETERS. I know that they are not getting the best that could be given.

Senator PEPPER. In other words, the masses of the people are not now getting the benefit of the best that science has produced in medicine?

Dr. PETERS. No.

Senator PEPPER. The full science has not been enjoyed by the masses of the American people?

Dr. PETERS. No.

Senator PEPPER. Now, as to the shortage: In your opinion, if you had to make a choice, is the shortage attributable more to the lack of doctors or to the lack of hospital facilities?

Dr. PETERS. I think it is probably due to the system under which medicine is dispensed—that medicine is too complicated today to be handed out on the basis on which it has been handed out and is being handed out at the present time. It is extremely inefficient.

I do think that we will have to erect more hospitals and medical centers with correlated groups.

Now, I would like to turn back to something you said a minute or two ago about the American people being entitled to anything. I think that we should get away from talking of these things as rights, to talking of them as advantages, from a positive point of view.

We should consider that it is probably as economically sound to see that health is preserved, just as much as possible, as it is to use corrective medicine after a person is sick.

Senator PEPPER. That is not a waste of money, but is an investment there.

Dr. PETERS. Yes; people can argue whether it is a right or not, but I do not think there is any question about its being a positive measure to give relief.

Senator PEPPER. When some people speak of economy being practiced, if the withholding of money for providing medical accommodation is involved, what you mean by this is simply the economy of dollars, or lives, and time, and strength.

Dr. PETERS. Yes; and ultimately lives and times and strength probably amount to dollars, if you want to have the thing that way.

Senator PEPPER. Well, now, what would you consider, Doctor, to be an adequate health center for an industrial area, for example?

Dr. PETERS. Well, that is a very difficult thing to answer, unless you have some idea as to size.

Offhand, I should say, in general, there should be a hospital with integrated facilities, with a staff that can handle all types of medical cases or conditions that are likely to be met.

They should have the necessary physical facilities and some kind of integrating organization so that those men can be used to the greatest possible advantage.

Senator PEPPER. I am not sure that I understand exactly what you mean when you speak of "integrated."

I was thinking of a hospital with a staff, completely equipped. Are you thinking of something more than that?

Dr. PETERS. Yes, sir; I am. I am thinking, rather, of the kind of system that prevailed in a few hospitals and still prevails in a few hospitals and medical schools in which the staff is much closer knit. I do not believe that you can afford, if you are going to reduce the number of doctors, or try to improve the efficiency of care, to run it on the old basis of fee for payment of services.

There should not be competition between men of different expertness.

Senator PEPPER. Is it your idea now that the doctors, or the medical people who would render the medical services would be placed upon a salary basis?

Dr. PETERS. I believe that would be the only way to properly integrate them and have an integrated system and I do not see why a medical man, any more than a civilian, should be abashed or ashamed at the idea of being on a salary.

Perhaps I am prejudiced because I am on a salary. People in other walks of life are not ashamed to work on a salary basis and I do not think that detracts necessarily from individual habits or perspective.

Senator PEPPER. Do you draw your analogy from the work that has been done in research, for example, by men who are on a salary, or women who are on a salary, and the responsible character of that research and experimental work?

Dr. PETERS. That is not only confined to research but I should say that if being on a salary does detract from any dignity and liberty, that our Nation as a whole has been going forward on the wrong basis and we must consider ourselves in the lower order of beings.

Senator PEPPER. I meant to ask whether you had observed that being on a salary basis either destroyed the initiative or so affected the morale of the people engaged in rendering medical service, research, and so forth, that you thought it was undesirable in principle.

Dr. PETERS. I was once asked that question before a meeting of the State medical society, and I had to answer and say that unfortunately I was prejudiced and there were two other members who got up and said the same thing, that they were on a salary and that they could not really answer the question for that reason, and I remember that one was at one time president of the State medical society and the other was the head of one of the best sanitariums in the State—tuberculosis sanitariums—and probably one of the most beloved men in the State, and no one questioned that they were doing their full duty.

If it were true that being on a salary reduced a man's efficiency, initiative, or willingness to work, then we are following a very wrong principle throughout almost all walks of life in America.

Senator PEPPER. Where so many people are engaged for a calendar time.

Dr. PETERS. I think it would be an act of almost madness for anyone to say that you could not get the best work from people on a

salary basis, particularly I am sure that you could not say that in Washington and get away with it.

Senator PEPPER. Do you know of any hospitals in the country where the personnel is principally upon a salary basis, or on a part-salary basis, Doctor?

Dr. PETERS. My department is.

Senator PEPPER. And you render medical service to the public?

Dr. PETERS. We take care of all kinds of people in our dispensary, we have the hospital ward, we have private patients, semiprivate patients, we have an out-patient department, and I think my men work reasonably hard—I hope so.

Senator PEPPER. Take the Mayo Clinic, for example, at Rochester, do you know how the staff there is compensated?

Dr. PETERS. By salary.

Senator PEPPER. All by salary, or most by salary, or what?

Dr. PETERS. It is always dangerous to say "all".

Senator PEPPER. I do not mean all, but generally speaking, that is the situation there?

Dr. PETERS. Yes, sir.

Senator PEPPER. What about Johns Hopkins, for example?

Dr. PETERS. To a lesser extent; there is a large group there, most of the medical schools had to compromise with the full-time system. I would like to say it was because the last war shook medicine so, in its finances, that those changes were made to some extent.

Senator PEPPER. What are some of the outstanding hospitals in this country, according to medical standards, that you might want to comment on as being outstanding?

Dr. PETERS. Outstanding?

Senator PEPPER. What are some of the outstanding hospitals of the country; I am just trying to get an opinion as to where they are, and the conditions under which they operate.

Dr. PETERS. You might say the Presbyterian Medical Center, there are three big hospitals in Boston, the Massachusetts General, and the Peter Bent Brigham Hospital—

Senator PEPPER (interposing). Where is that?

Dr. PETERS. In Boston; and to a certain extent, at least certain of the hospitals, some of the units of the City Hospital up there, especially Thorndyke unit; and also Johns Hopkins—

Senator PEPPER. Now, what part of the medical personnel in those hospitals is on a salary, on full time?

Dr. PETERS. In a teaching hospital, in the best medical schools they are practically all.

Senator PEPPER. Now, I have had some personal experience with the hospitals here, Walter Reed Hospital and the Naval Hospital—of course, Walter Reed is the Army service hospital and the Naval Hospital speaks for itself—and all their personnel there are service personnel, full time and regularly compensated; is that not correct?

Dr. PETERS. Yes, sir.

Senator PEPPER. And in the profession, the work they do is generally regarded as up to the normal professional standards of excellence, is it not?

Dr. PETERS. I should say so.

Senator PEPPER. Would you have any comment to make upon the suggestion that was made the other day by Dr. Isineup, who said that

he thought, in the first place, that while there were not adequate hospital facilities—and I am sure he meant complete facilities—nor adequate staffs nor adequate facilities, he thought that the matter of getting those facilities to the public should be met by a very broad system of hospital insurance which might even be compulsory and that those who then were able to pay might pay in advance, and for those who were not able to pay remuneration would be provided for by some public authority, but it should be by one of those methods, and there should be a practically complete coverage of the population so that they would not then be held back by the question of money; they would have access to adequate hospitalization and facilities, according to their needs, and then he thought that the matter of professional care—that is, services of a physician or doctor—might be met by the patient, by some sort of a public body or independent agency cataloging and classifying the various patients according to their ability to pay and their relative pay scale, and then the doctor would be compensated on a regular system of fees. If the patient was able to pay a fee, he would pay so much, and if he were not able to pay the full fee, he would pay perhaps only half of the fee and if he was not able to pay anything at all, he would not.

From the point of view of the doctors, he thought that would be preferable to a system whereby the patient should have no choice in his doctor.

Have you any comments to make upon those suggestions?

Dr. PETERS. I do not know that you could or should deprive the patient of his choice entirely, but I should say that if you could assure him of good service with an organization that would be really more important.

I am interested in my system, because within the limits of my own clinic the patients may choose anyone they please, but it does not matter very much because the main thing is that they know that someone from our organization is going to see them and they know that ultimately they have a choice of everyone in the organization if necessary, or if they so desire.

Senator PEPPER. They have a choice, then, as between institutions, in the first place—they do not have to come to your institution unless they want to; then they have a certain choice within the institution as to the doctor or physician, but they are sure of one thing—that by going there they will be assured of competent medical service; is that not correct?

Dr. PETERS. Yes, sir.

Senator PEPPER. Well now, Doctor, is it your idea that the expense of providing these hospitals—these facilities and this medical service—should be borne by some system of insurance, or should be provided for out of the Public Treasury, and these services should be made available to every citizen according to his and her needs?

Dr. PETERS. I think that, as a matter of strict economy, it will probably be necessary, because they have certain habits of thought, and they will have to start on an insurance basis, but you cannot possibly convince yourself, under any circumstances, that an insurance principle is applicable to all people of the United States unless you immediately effect economic reform of such a terrific nature that it is not easy to contemplate at this moment.

You will have to continue along with some form of subsidy, and a certain percent or proportion of our population will have to be on a subsidy.

Beyond that, what the country will think 20 years from now about having a dual system like that, I do not know.

Senator PEPPER. Your idea is that the facilities might be provided out of public funds, and those able to pay for the facilities and the services would pay for them, and those not able to pay, be allowed these facilities without charge; in other words, paying only when they were able to pay.

Dr. PETERS. There will have to be some system like that worked out, because I know at the present time, under the system that exists today, physicians cannot possibly afford to give their service and make it exemplary without any charge.

Senator PEPPER. Well, I know I have lived a good portion of my life in towns where there were no hospitals at all; that is, in my young life, where the nearest hospital was 35 or 40 miles away and had to be reached through the patient riding in a hearse of the village undertaker, or bumping over the rough roads in a Ford car, and there are still a lot of places like that, where the situation is no better, are there not, Doctor?

Dr. PETERS. Yes, sir; not only in remote spots.

I would like to say one more thing; the public has to learn that a hospital does not necessarily mean just a place with beds.

I think that within limits, hospital insurance has created a new evil, that of putting people to bed because through their insurance, they can utilize a hospital; whereas they could have done the same thing at home, and had out-patient treatment, just as effectively and gotten as much relief.

They should realize that a hospital is not a place limited to bed space, that it is in reality an organization that contains facilities, and that beds are only one of the many facilities that it does contain.

Senator PEPPER. I am glad you emphasized that, because that is not the only thing we should have in mind, when we have access to a hospital. I had in mind, that with all the facilities, it included technical personnel and persons to dispense medical service but when you said "bed" that leads me to the further thought that the hospital should not be classified, just as a place containing beds, but as a center of medical treatment, is that your suggestion?

Dr. PETERS. Very much so.

Senator PEPPER. Now, what about rural areas? Would you have hospitals located at strategic places, or central locations and rural areas for availability?

Dr. PETERS. I do not think you would be any better off by trying to build hospitals in remote, sparsely settled communities than you are if you take one medical officer to every 145 people. They cannot get the practice. I think means should be found of taking care of those areas, primarily through a central location; but facilities should be made accessible. If they are not you will not get the best of practice, you will not have the proper personnel to man the hospitals, because physicians do not like to go where there is no need for their services, where they might be overstaffed through a lack of population. It does not do to have men with nothing much to do.

Senator PEPPER. Your idea would be that there be facilities that would be adequate for emergency first aid, and the like, and maybe a general practitioner, not too many, because then they would not be employed, but that the real medical worker, that is, the surgery worker and the things that require a greater skill and facility, they should be located in such institutions that you like to think of as base hospitals where people would have access to them by some means of transportation.

Dr. PETERS. I believe you will have to contemplate something of that kind in the future.

Another thing, we ought not to leave a poor doctor or practitioner out in the rural section for too long a period of time, but should transfer him into the urban centers for further training.

There are precedents for that, you know, in the services in foreign countries.

Senator PEPPER. You also suggest that a doctor should be kept in touch with hospitals where there is study and research facility so that he can keep abreast of the latest knowledge and continue his studies?

Dr. PETERS. I want him to be something more than just a poor—

Senator PEPPER. Something more than just a comforter?

Dr. PETERS. Yes; or a morale officer.

Senator PEPPER. Well, Doctor, we are facing an emergency now that will bring out some startling developments, I have no doubt.

Senator MILLIKIN, do you have any questions?

Senator MILLIKIN. No, thank you.

Senator PEPPER. And during this emergency, there seems to be a lot of people thinking that the rendition of additional medical service is not one of the needs that must be immediately provided?

Do you agree with that?

Dr. PETERS. I think additional service should be provided, and at once.

Senator PEPPER. For example, it was said that 290 hospitals were recommended by Dr. Parran to be provided in the areas to which war workers had come, some 5,000,000 had been moved from one part of the country to another. I think the President approved 218, and 51 are under construction and 2 have been built.

Now, that—does that indicate that a rendition of additional medical care and service has been regarded as one of the essential necessities in the progress of the war effort?

Dr. PETERS. Well, it is a motion in the right direction, but I do not believe that building alone is going to suffice, unless you find some new means of seeing that you can get the best personnel there, and that you can give it the proper opportunity to function to the fullest extent.

Senator PEPPER. In other words, the system itself has to be altered to accomplish the ends you envisage?

Dr. PETERS. I believe so, and particularly if you are reducing the number of available medical men, you have then to set up some machinery that will increase their efficiency and also, I say—and I do not want to forget it for a moment, nor do I want anyone else to forget it—that this is the only way in which I can see that you will be able to absorb the men coming back after the war, and give them the opportunity that they deserve.

Senator PEPPER. You are thinking of every medical man being taken out of a key place being in the same position as in a factory,

the position it would be placed in if keymen were taken out. In other words, it would impair that factory's ability to turn out efficiently the product it was supposed to turn out.

Dr. PETERS. That is part; also, if you took your factory and told these people that they could all go scramble for a job at the present time, you would be in a bad position, because there would be a job without any security attached to it, and you certainly could not get men of high caliber in such an institution.

That is why the system has to be changed.

Senator PEPPER. And you say that to maintain the highest standards of medical service, we have got to see to it that these completed units exist all over the country?

Dr. PETERS. I think you have to have units of that kind, and use each one as a model for the next one to be constructed.

Frankly, I cannot pull the answers to all of the questions entirely out of my head; I am thinking in general directions, and know which way we should turn; also I know there are certain precedents that we should follow as far as possible.

Senator PEPPER. What are some of the precedents?

Dr. PETERS. There are several institutions that I have gone over and have talked with their staff, which have developed a considerable reputation for giving the kind of service the country did not have before, and they have become models.

We do not think—in our medical schools and colleges today—of reverting to the old style of teaching and practicing medicine. We should work at a cooperative system of some sort, with a subsidized system of some sort which would support these institutions and further the training—you have to find some way of paying for the care of those patients which are getting the service, you know.

Senator PEPPER. Now, you said the educational institutions were not trying to train practitioners of medicine; was that it?

Dr. PETERS. It is doing a very paradoxical thing. Of course, it is trying to train practitioners of medicine, but it is teaching them the kind of medicine that they are not allowed to practice, as soon as they are thrown out into the communities.

They go out and hang up their shingle, and start out without any facilities for cooperation, hospital service, and so forth.

Senator PEPPER. From your knowledge of that situation, would you give us enough details so that the layman would understand what you are saying, Doctor?

Dr. PETERS. I mean this: That young medical men come to us; they are taught to work with all the facilities of hospitals, all they can command or want, and can call on the facilities of specialists at any time, and they work right next to these men, and can go from specialist to specialist, and can talk and can confer one with another, and perhaps do investigative work.

Then they are thrown out, and, as I say, they hang up their shingle and sit down and wait for the patient to come in.

They have then ceased to have any hospital facilities. They do not have access to any patients unless some come in, or else they get in on the free clinical work. And when they do that, they do not have time to take in patients to support themselves, and conversely, if they take in patients to support themselves, they then do not have time for the free clinical work to further their education.

There is no way of continuous growth.

Now, that is not true of an engineer.

Senator PEPPER. I see what you mean there—there is no access to facilities afforded them, and as to that continuous growth, that stops there; perhaps, whereas an engineer gets into an organization where he can see and learn and grow if he has the capacity, whereas in medicine, he maintains what you might call a status quo, without the facilities for advancing himself any further.

In other words, to practice medicine effectively now, you have to have access to certain things with which the technique is carried on in laboratories, and to other experts, and to facilities, and the like.

Dr. PETERS. Yes, sir.

Senator PEPPER. And those have to be provided to make, or give the medical man who is being trained, an opportunity to make the most efficient use of his knowledge and skill?

Dr. PETERS. Yes, sir; and to grow.

Senator PEPPER. Grow?

Dr. PETERS. Yes, sir.

Senator PEPPER. Well, now, talking of the men who have been taken from medical service in the armed forces or armed services, Doctor, has any policy that seems to undertake to foster those things you are talking about, or to contemplate that thing, those principles, been followed, as you observed them?

Dr. PETERS. I do not think so in the general service.

I find myself in a difficult position here, as I think everyone does in judging the situation. I have been keeping very close track of the men who have left me, and I know where they have gone, but we cannot penetrate the veil that lies over the disposition of the men at large, or the ultimate reasons for that disposition.

Senator PEPPER. That leads us—supposing a doctor had an education, a specialized education, when he was in your organization and he was called by Procurement and Assignment Service and he goes to the Army, we will say—do they generally put him to performing the same function in some military hospital?

Dr. PETERS. If he is old enough that is likely to happen.

Senator PEPPER. By "old enough," you mean what age, generally?

Dr. PETERS. I mean, if he has gotten to the point where he can get at least a captaincy—I do not think they are being thoroughly differentiated and selected as to the number of men that they have a definite need for—I have not seen signs of a definite policy of assignment such as you suggest, but it seems that they take the younger men, as I stated before, and they bring them in to become battalion medical officers, when I think that quality should be recognized and put to work at whatever level is required.

Frankly, though, I speak only from observation of a small group.

Senator PEPPER. That goes to the question of organization of the armed medical service, does it not?

Dr. PETERS. Pardon me?

Senator PEPPER. I said, I would assume that the problem is essentially the same as it is in civilian life, except they would have to work under a little different condition and they might have more cases of a certain kind, more wounds, we will say, more surgery cases than you have in general practice. There again is a problem of having adequate facilities and it must be kept in mind that, in order to render

the most effective medical service, the man inducted into the Army must have complete facilities and cooperation. Just like the general practitioner, he is not any better qualified to do his best work in the Army if he is disassociated with the facilities that you describe; he is no more able to do good work one place than the other, is deprived of facilities and so forth; is that correct?

Dr. PETERS. I think there is another thing—I do not think the present Procurement and Assignment Service just as it stands, is in the very best position to judge the quality among those people. I think they are chiefly aiming to consider merely the existing practitioners, using the system, and that they relegate the internes and such men in the younger group as belonging just to a class. That is the easiest way to handle it, and that is why I say there must be some one who has an appreciation of the demands of education and development of science.

We cannot let, and cannot afford to let the old men, like myself, be left at home to do this. These youngsters who are the ones who really do the work, can go out and find some means to continue and to carry forward when perhaps we older fellows would be stumped, and that is what is making medicine.

Senator PEPPER. Doctor, what are the European systems of rendering medical service and making it available to their people, generally speaking?

Dr. PETERS. I do not know, speaking generally, except to say that most of them have recognized the public responsibility and necessity for planning some system of that kind. I think all of the inadequacies of the old concept of medicine have been recognized as being obsolete and are being pushed to the back.

The old idea that a doctor was a buggy, a black bag, and a horse, and that was all that was needed; that has gone by the board long ago.

For instance, in England, the medical association has looked favorably upon and fostered what might be said to be panel insurance, but on that subject, I should think there would be others more competent to talk than I.

In foreign countries, broadly speaking, they try to make the medical services available along somewhat the lines that I have been speaking of and to extend the privileges of the population in general to include something more than the office of a practitioner, and also there seems to be gaining an appreciation of the other features that I have referred to, and recognizing a shortage in the medical personnel, they have centralized their services.

They have not been able to act as far as they would like to, but they have plans for after the war, and I believe we are in a position to profit by everything that they have done and start a little ahead of them.

But, generally, I believe that we are starting somewhat behind them, in spite of that, because we, although having the resources to go ahead, do not have the spirit, apparently.

Senator PEPPER. That is a challenging problem, is it not, Doctor?

Dr. PETERS. Yes, sir.

Senator PEPPER. Do you think the people are becoming more sensitive of the inadequacies that we now have?

Dr. PETERS. Yes, sir; but I think they still have the feeling that—and I say this from talking to different groups of the populace—they still have the feeling, most of them, that they should have something like a doctor lodge. If they had this, that would be their solution, someone that they could just go to any time they felt like it and that is rising no further, or not quite as far as the panel system has risen in England, and that has been recognized as unsatisfactory. The public has to be educated to the fact that they want facilities properly coordinated, and they want modern medicine, and to be willing also to see that their medicine advances.

As I say, England has made great strides, and perhaps, at the present time, is somewhat ahead of us, but they do not deem their own system as being sufficient unto itself, even now.

Senator PEPPER. There would be, of course, in hospitals, a head who would see to it that it was a complete unit and rendered the service that it ought to render, and had the facilities it should have.

I was thinking about the patient going to the hospital, and there he could get his diagnosis and also his treatment there.

Is that what you envisage?

Dr. PETERS. Yes, sir.

Senator PEPPER. And all he would have to do is to go to that one hospital?

Dr. PETERS. Yes, sir.

Senator PEPPER. Have you any questions, Senator Millikin?

Senator MILLIKIN. Thank you very much, but I did not hear the doctor's main testimony, so that I think I would be covering ground that I am sure has been well covered so far.

Senator PEPPER. Doctor, I would like to ask one thing: Is there any chance of increasing the number of doctors without impairing, appreciably, their skill or the adequacy of their training during this emergency?

Dr. PETERS. I am inclined to believe that it will be an extremely difficult thing, and we are forging ahead too much on that principle; but we are thinking too much, entirely, only of numbers of physicians or doctors. As I said earlier, I believe that one good doctor, properly placed and given the proper facilities, can do the work of two improperly trained and improperly placed doctors without proper facilities.

Senator PEPPER. I am thinking about a doctor in a small town, he spends a good bit of his time making calls, does he not—getting out of his house and into his car, and getting that started, and then getting his coat off, when he comes into his patient's house, and addressing a few kind words maybe to the head of the house, then making his diagnosis or writing out his prescription, then putting his coat on and saying some further words, and making his good-byes, and then going out to his car ahead and so on down to the next patient?

Now, if some way could be worked out whereby there was accessible to those who were able to move, at least, hospital facilities, it would save that time, would it not, that the doctor wasted going from house to house, and putting on and taking off his coat, and so forth—let that patient use that time to some advantage, and let the doctor realize on that time also in seeing more patients?

Dr. PETERS. I believe that is so. He would save that time and he could take that time to grow, to study, even if he did not handle more patients.

Senator PEPPER. I have often wondered about how great a volume of new knowledge was coming out which must not be available to the ordinary busy practitioner, as I have some devoted friends who occupy, some of them, 19 hours a day in their work, and I wondered if they ever had much more of a chance to do reflective or research work than a Senator does.

Dr. PETERS. I know something of the volume of work that comes out—I happen to be working at this time reediting a treatise on clinical chemistry. I cannot complete one chapter before it needs revision.

Senator PEPPER. It is important to have some way whereby one can keep abreast of things as they come out.

One of the things I would like to mention is—have you any other suggestions as to a system of training doctors, I mean, would the present system in your opinion be left unchanged, although young men who had an inclination to go ahead into medical work could not do so for lack of adequate finances, and those perhaps better blessed with finances, devote only cursory attention to it?

Dr. PETERS. That strikes at something that is absolutely outside of the bounds of medical science, and the general economic system.

I will say, in comment, that I do not believe you could get the best doctors that should be obtained at the present time, by asking them to spend 7 or 8 years of absolutely profitless life, and you are naturally excluding from practice in the medical profession, on that basis alone, some of the best men, because they have first to take their 4 years of college or medical training, then their internship and residencehip, following that with a fellowship, or something like that, and the latter part of that time, they are performing a public service in taking care of patients, but still with no remuneration.

Senator PEPPER. Do interns receive any compensation?

Dr. PETERS. Well, some hospitals cannot get interns without paying them, and, of course, they do so; but in the majority of cases, in teaching hospitals, the interns are not paid.

Senator PEPPER. Does an intern get his subsistence?

Dr. PETERS. Yes, sir.

Senator PEPPER. Does he get his room and board?

Dr. PETERS. Yes, sir.

Senator PEPPER. But not his clothes or anything else?

Dr. PETERS. He gets his hospital uniform—I don't know whether you would call that clothes or not.

Senator PEPPER. How many years then, ordinarily elapse from the time the man enters college, preliminary to medical school, until you might say that he has finished, or has completed an approved, standard course of training?

Dr. PETERS. Well, I should say a minimum of 5, and that would give him only 1 year of internship.

Senator PEPPER. By that you mean—

Dr. PETERS. Four years of medicine—

Senator PEPPER. And college?

Dr. PETERS. No; not at the present time; we have cut that down.

Senator PEPPER. How much college does he have to have?

Dr. PETERS. Two years academic; then he has a medical course which has been cut from four to three years, and by the way his two years academic are equivalent to a year and a half, so that will give him five and a half years.

Senator PEPPER. He can graduate from a medical college within 5½ years from his entry to college?

Dr. PETERS. He will be able to, we are committed to that.

Senator PEPPER. During the war?

Dr. PETERS. We are committed up to 1947.

Senator PEPPER. When?

Dr. PETERS. To 1947.

Senator PEPPER. To follow that course?

Dr. PETERS. Well, the point I am making is the steps we have taken mean a commitment that will continue until 1947, before we begin to really realize something on the change.

Senator PEPPER. Then that would not really become effective until 1947?

Dr. PETERS. Taking the 2-year men, only taking the 2-year men who have gone through certain qualifications.

Senator PEPPER. The saving is then at the front end, and not the last end?

Dr. PETERS. That is so; and they also have a year of internship, which would bring it up to 6½ years.

Senator PEPPER. That means it will cost certainly on the average as much as \$5,000 by the time a man enters college, goes through it, and finishes a course of training, would it not?

Normally, I would say that would be extremely low, would you not?

Dr. PETERS. Yes, sir; and besides, you have not taken into account the amount that he might have been earning had he been in some other walk of life.

That should really be counted in, that loss or expense.

Senator PEPPER. If I remember correctly, there were figures that came out a few years ago which indicated that 87 percent of the people of this country, or the families, have an annual income of less than \$5,000, so everybody that is probably capable of taking medical training is likely not to have it within his power under the present system of free education; is that not correct, Doctor?

Dr. PETERS. No; but I emphasize another point—we are dragging this thing far astray, too far astray, on education—but the point is, as soon as this man becomes an interne he is performing a public service; it may be that he is in a private institution, which takes in patients and receives pay for it, and this interne may give them excellent and deft care, and I believe that some day the communities will have to recognize that if you want to get the best of service you cannot give it away.

Senator PEPPER. Is there any reason, in your opinion, why the skilled mechanics in an airplane factory, during the time of apprenticeship, should get compensation, and an interne, while he is in a hospital such as that, should not?

Dr. PETERS. It is the habit of mind of the community.

Senator PEPPER. And that is the only limit?

Dr. PETERS. Yes, sir.

Senator PEPPER. What about nurses? As I understand it, the lady who intends to go in for nursing today not only has to pay her subsistence but has to pay a tuition fee to get the training; is that not correct?

Dr. PETERS. I do not know how extensive that is; that is true in some schools.

Senator PEPPER. Would it be your opinion that the same principle of her serving without the compensation while rendering public service and in training as a nurse—should that follow the same line of thought?

Dr. PETERS. Yes, sir; but remember I have to add a little condition—the institutions themselves cannot afford to pay; that would have to come when the community assumes the responsibility for the care of the people that are being taken care of.

Senator PEPPER. When the airplane factory pays the wages for the apprentice, it is not coming out of the capital of the airplane company, it is coming out of the additional cost to build the airplane, and the United States Government is paying that money, and it is part of the labor cost of that institution, so you are suggesting that the same system might be appropriate in the case of doctors and nurses.

Dr. PETERS. I think it might be more so, because, after all, they are taking care of people at this time, giving them complete medical service.

Senator PEPPER. Doctor, have you anything else you would care to add?

Dr. PETERS. No; I think I have gone far enough as it is.

Senator PEPPER. Is there any new material in your letter you wrote me recently, Doctor?

Dr. PETERS. No; I do not think so.

Senator PEPPER. We certainly are grateful to you for coming here and for the help you have given us and for the patience you have exhibited in coming.

What we are striving to find out is what we can do, what recommendations we can make that will be helpful in the present emergency, and we are not only sensitive about the needs of the present situation, but I think I may say that we want to see some appropriate and proper system provided whereby the people in our States will come nearer, at least, to getting the kind of medical service and the quantity of medical service that they are entitled to, and we do not want to do anything in the wrong way, so we are particularly interested in methods by which the right thing might be better done, and, as I say, we are very much obliged to you.

Dr. PETERS. I am glad if I have been of service, sir.

Senator PEPPER. I think Dr. Kingsley Roberts is next.

Dr. Roberts, will you come forward and state your name?

STATEMENT OF DR. KINGSLEY ROBERTS, DIRECTOR, MEDICAL ADMINISTRATION SERVICE

Dr. ROBERTS. My name is Kingsley Roberts.

Senator PEPPER. Now, will you give us a brief outline of your background, Doctor, for the record?

Dr. ROBERTS. Yes, sir.

I am a graduate of Jefferson Medical College, Philadelphia, in 1920. I practiced surgery in New York from that time until 1936. I practiced in teaching hospitals and have practiced both as an individual solo surgeon, and in a coordinated practice group or groups.

I have also been particularly interested in two things. First of all, the method by which the health preservation phase of medicine can be made something real to the individual; and second, the most effective method of getting medical care for the people.

In 1936 I gave up the active practice of surgery, and from that time on I have been devoting my entire time to a study of the method of distribution of medical care.

I am director of an organization known as the Medical Administration Service, which is a nonprofit organization sponsored by one of the big foundations, and I happen to be particularly interested, at the present time, in two problems—medical care in war areas and medical care in rural areas.

During the past year, I have visited Norfolk, Va.; Charleston, Ind.; Louisville, Ky.; Richmond, Oreg.; Berkeley, San Diego, and Los Angeles, Calif.; Las Vegas, Nev.; Oklahoma City, Okla.; Rolla, Mo.; Baltimore, Md., and Washington, D. C. I thought that I would stress, perhaps, the conditions I found on this recent visit to Mobile, Ala., from which I came back on Sunday.

This represents one of the typical boom wartime areas, where all the conditions obtain that are usually to be found in these places.

The principal industries are, of course, the Alabama Dry Dock and Gulf Shipbuilding Cos., both of which are working night and day to produce ships for us, and it is a vital war area.

Alabama, as you know, has oversubscribed, so to speak, its quota of physicians to the extent of 153 percent.

This has naturally created many problems in Alabama, but in no place probably more acutely than in Mobile, where we find today a town with approximately a 40-percent increase in population over a 6 months' period.

There the living conditions, for those who can get any, are none too good. Some of the war workers are living in tents and the weather is not going to be very good this winter.

All of the facilities of the town are overtaxed. People wait in lines, sometimes two blocks long, to get to a cafe for a meal and it takes anywhere from 45 minutes to an hour.

Transportation facilities are jammed and naturally the medical-care situation is not good.

The information I have gotten, I have from various sources, much from people I have talked with. I have spoken to union people, workers, and their stories are usually something like this: "First of all we feel that our doctors are overworked, they are probably doing much more now than they should. We cannot get them to come on our houses to make visits. We sometimes have to sit in their offices 5 or 6 hours to be seen. The hospitals are jammed. I cannot get my wife into any hospital to be confined. I do not know what would happen if we got in trouble here."

Here again, among the people, the same feeling is held by the public-health officers, and by various people in the community.

Now, as far as statistics are concerned, I can give you a few if you want them:

The metropolitan population of Mobile has increased from 110,000 to 180,000; that is an increase of 63 percent. Mobile County has increased from 141,000 to 205,000. In the meantime, our old friend, Procurement and Assignment Service has been at work, and a very peculiar situation seems to have developed. It was suddenly discovered that the proportion between doctors and people in Mobile was higher than it was in the rest of Alabama.

The result was that the Army medical recruiting officers descended upon Mobile and gave a few hints to the effect that if the doctors who were eligible for military service did not take their commissions, they would be reclassified by their draft boards, and inducted into the Army to be buck privates, the result of which was, of course, that practically every doctor who could get there got into the service as fast as he could.

The result is at the present time the medical census of Mobile shows that there are about 90 physicians in the county, 83 of whom are in metropolitan Mobile, and when you consider that 30 of the doctors are superannuated, and either will not or cannot come out of their offices, you have a physician population ratio of 1 to 4,000, which is dangerous, to say the least.

Now, I will give you another figure: The city at the present time has 367 beds in 3 hospitals. Additional space in those hospitals to accommodate 165 more beds is practically completed, so that at the end of this period Mobile will have 532 beds which also is a very dangerous ratio.

Typhus, typhoid fever, and malaria are endemic in the area. Just to show that this is not a joke, the last paragraph of that quotation from The Science News Letter shows that in Marin County, which is in a similar type of area in California, across from the bay from San Francisco, they are finding plague-infected rats and lice at the present time. So when you talk about it, when people talk about the danger of plague in these war-production areas, they are not joking. You not only have the danger of plague, but you have the danger of serious upper-respiratory infections, such as epidemic influenza, meningitis, and things like that.

And, although under the present circumstances there is no very great fluctuation in the morbidity and mortality rate in the area, there is indication of diseases according to the health department. You can see that that is just a keg of dynamite and that it would take very little to make a change, and change it in a serious way.

The town itself has expanded so greatly that in certain sections the water supply is practically cut off. You would have to take a bucket and put it under a faucet and let it remain there for 2 or 3 hours to get enough water to wash with.

Now, the most serious thing that happened is that the doctors who left Mobile included practically all of the industrial physicians in Mobile. You have two large employers and two large companies, with only three physicians, doing industrial work on war orders. Those physicians are, none of them, serving at full time. I understand that that situation may be remedied to a certain extent by the Public Health Service sending in physicians to do some industrial work, but the point is that the Procurement and Assignment Service allowed this deficiency to occur, rather than try to prevent it, which, of course, would have been preferable.

Now that, to my opinion, is just a proof of the fact that to expect doctors, and a doctor-populated committee, to solve these problems is wishful thinking. Some other form of Procurement and Assignment system, if you will, should be instituted before the situation gets worse.

Now, you understand, under the present circumstances, that the Alabama Procurement and Assignment service has agreed—rather, that is my understanding—not to take any more physicians out of the area. But that is not going to correct the situation.

Something has got to be done to get more physicians into this area.

Now, as is probably the case, and as has been said before your committee, there are more physicians than there really should be in such places as New York, Massachusetts, possibly Illinois, and possibly California. We must find a device whereby we can attract these physicians to other places and have them brought to the areas where they are needed.

Now, to my mind the Procurement and Assignment cannot do that unaided. Something, some additional mechanism, should be set up.

The Federal Public Housing Authority in Mobile is not particularly aware of this problem as other housing authorities have been. I refer particularly to the housing authorities on the west coast, District 10, and I think it will be well to describe briefly to you what has happened there, because you said a moment ago that you were interested in finding out what you could do to either get more doctors in to an area, or increase the effectiveness of the physicians remaining in the area.

Here is one way that their effectiveness could be increased and is being increased:

In the San Francisco Bay area, Federal Public Housing, under Langdon Post, has made arrangements with the California Physicians Service, which operates an organization sponsoring prepaid medical care and which is a comprehensive plan taking in doctors' visits to the home, office, and hospital facilities. It is so arranged that a certified war worker, coming into a war project, if he wants to, can be automatically enrolled into this organization and the bill for his dues in the organization, which are about \$5 per month per family, will be presented at the same time that the bill for his rent is presented. The money that is collected by the organization is then taken by the California Physicians Service. With that they are hiring full-time doctors and they put those full-time doctors into remodeled houses, housing units, and into remodeled housing centers and let them practice what we call general service on the project, and that means that the worker and his family do not have to burn rubber and waste time and gas that would be necessary for him to burn up if he had to go to the doctor's house in a remote part of the town.

Now, that is the way you can conserve a physician's time, and two such doctors, or three such doctors located in that way are much more effective than three doctors, each in their individual offices practicing their business of free choice, free physicians, free enterprise, and all that sort of thing.

Now, that is a mechanism which is in operation, and it took foresightfulness of some doctors to see that the thing could be worked out.

The doctors in Mobile will not permit such a thing. They will not permit the Mobile Public Health Service sending doctors to practice

ordinary civilian medicine. They will, perhaps, I think, permit without too much kicking—they will permit the Public Health Service to put in an industrial physician because an industrial physician will not come into active competition with them.

Senator PEPPER. How do you distinguish between an industrial physician and a general practitioner?

Dr. ROBERTS. There is a sort of invisible wall between the industrial practitioner, who is supposedly hired by the employer and who is skilled in the practice of medicine as it relates to that particular industry, and the general physician. He is supposed to devote his time to the care of industrial accidents and illnesses and, of course, to a certain extent, should see to it that they are prevented.

The general practitioner, as you have said, is a practicing physician on the outside.

I am pleased that you raised the question. That is one of the things that I have never been able to understand, how an employer, for instance, assumes that it is a good thing to have two different types of doctors taking care of his people, on the basis that the industrial physician is taking care of the man at work and somebody else is taking care of him afterward.

Now, that employer is very much more concerned with the quality of the service he gets in his place of business than he is outside the business and he does not care what type of service his employees get outside.

Now, if a man could check his liver and lungs and stomach at the front gate and not use the same ones on the job that he does while at home, that thing might work. Unfortunately, he has to use the same organs so that an illness originating outside of the shop causes industrial absenteeism just as much or probably more, and, as a matter of fact, only 10 percent of absenteeism was caused by illnesses arising in the shop, whereas 90 percent were due to other things which occurred outside of the shop.

Senator PEPPER. Have you any figures how much absenteeism is attributable to what might be called illhealth, or disease?

Dr. ROBERTS. The answer that you will get to that will vary as to the place and time, and the method of record keeping.

In Mobile, the rate of absenteeism is 14 percent daily, and their turnover is so great that they have to hire 300 men to get 100.

I do not say that all of that is due to disease. We do not know how much absenteeism is due to the fact that a man wants to go to a ball game or wants to see his grandmother buried, or something like that, but it is probable that at least 75 percent of absenteeism is due to illness of one kind or another.

Now, that gives a picture of what is going on as far as Mobile is concerned.

Senator PEPPER. Before you leave the question of absenteeism, you are confident, from the knowledge that you have of the subject, that at least a considerable percentage of absenteeism is attributable to remedial causes, is that correct?

Dr. ROBERTS. Yes, sir; and I think 20 percent is due to preventable illness.

Senator PEPPER. So you would suggest that adequate medical care for the workers engaged in war work is directly and vitally related

to the efficient use of the Nation's manpower resources, would you not say that?

Dr. ROBERTS. I know of no place where manpower can be gotten more quickly than through a reduction in absenteeism, and the practice of preventive medicine among war workers and their families. There is no manpower pool from which you can get manpower as quickly.

Senator PEPPER. So you regard then the building or the furnishing of the facilities that would make those medical services possible, that that would be very directly related to the efficient use of our manpower?

Dr. ROBERTS. Very definitely.

Senator PEPPER. I was getting at the decision of the Government not to build more hospitals, facilities, and so forth, or provide for medical care for the war workers, whether or not the present facilities have been overloaded in essential areas.

Dr. ROBERTS. I think they have overlooked one of the most essential factors there.

Senator PEPPER. Then you would agree, I take it, with the attitude of Mr. Henry J. Kaiser, who stated, in substance, that the reason he built hospitals and got doctors to man them and serve his employees, was so that he might build more ships for the United States Government?

Dr. ROBERTS. That is right.

Senator PEPPER. And I think he stated, if I recall correctly, that if anybody wanted to interfere with a program like that, it would be they who were interfering with the war work, and not he.

Dr. ROBERTS. I agree with that 100 percent. I do not know that he has actually the best method, but I do know that the intention is right.

There is some question about that, but one thing I am certain that Dr. Peters would agree with me upon would be—we have gotten to the point where any system of medical care that comes to life only in the presence of distress is outmoded.

Senator PEPPER. That is the old axiom of "locking the stable after the horse has been stolen," isn't that correct?

Dr. ROBERTS. That is it. If we are going to use modern medical methods to fight the war, we are going to have to start with modern science, and that has to start with the prevention of illness.

Now, in order to do that with large groups of people, particularly war workers, there are certain general principles that I believe are well known.

The first is the principle of prepayment, of which you spoke some few moments ago.

Senator MILLIKIN. What?

Dr. ROBERTS. Prepayment for sickness expense, or prepayment for medical care. It makes no difference, as to that prepayment, whether it comes entirely from the employee, or whether it is a contributory system that is arrived at, whereby an employer contributes a certain amount, or possibly it may be maintained by municipal funds—that does not enter into or affect the general principle concerned, because the only way you can pay a doctor correctly for that type of work is to put him on a salary or on a basis that amounts to a salary. If you do that—pay Dr. X so much a year for taking care

of C number of people—and it becomes financially helpful to him to reduce the amount of illnesses because he does so much work for so much money, and if he reduces the amount of that work, he can realize that much more money on the amount of time that he puts in on the job.

So he really becomes more than a doctor, he goes practically to the point of becoming a scientist and trying to reduce illnesses.

Senator PEPPER. In that case, he will try to keep people well, instead of curing them.

Dr. ROBERTS. That is right. Another thing, there is this business of coordinated medical care, instead of the individual doctor. As Dr. Peters so ably pointed out, the individual solo physician, occurring mostly in the rural districts, is becoming just about as dead as the dodo, and just about as effective.

If you are going to increase the efficiency of physicians you will have to do one principal thing, and that is stimulate the formation of coordinated medical practice units, either around existing hospitals, or around new hospitals to be created where there are none.

One of the examples of that kind of practice that Dr. Peters did not mention illustrates how well this can be done in a rural area. This happened in Cooperstown, N. Y., where, in a really rural area, a hospital was erected with a full-time medical staff practicing medicine. Any physician who has been there and looked over the place will tell you that they are practicing about as high a quality of medicine as you can think of.

Senator PEPPER. Tell us a little more about that, will you, please?

Dr. ROBERTS. It is an 80-bed hospital and it serves the county of Otsego, in the middle of New York State. That is principally a dairy, or milkshed area, and in general the farmers in that area get their income entirely from the sale of milk. The hospital has a full-time staff of eight physicians and surgeons.

Senator PEPPER. Were those men practicing medicine there before they were attached to the hospital, or were they brought in from the outside?

Dr. ROBERTS. Some of them came from outside, and some came directly from medical schools, but that is the kind of practice that Dr. Peters was talking about.

Senator PEPPER. Now, those men do their full time in the hospital, or do they make calls outside?

Dr. ROBERTS. They do not practice outside. Of course, they may go out on visits if they have to, outside of the hospital.

As you said, there are offices in the hospital, and their offices are located in the hospital and they do not waste time getting into and out of their coats and starting the car and chatting with the mothers. The patient comes to their offices in the hospital and in that way their time is conserved.

Now, if you have 10 doctors practicing like that, you have 10 that are infinitely more valuable than if they practiced all over that county.

Senator PEPPER. Even if a group of doctors cooperated, that is to say, all gathered together and had offices in the same location, that would be a help, would it not? For instance, if a patient wanted to come to one doctor, and that doctor wanted to make a diagnosis of the patient, he would simply send him, the patient, to the clinic and

have that patient come back to him after he had been diagnosed, or he would put the patient in a hospital and even if each doctor were practicing there in an individual capacity, it would certainly be a great advantage to have a pooling of facilities and talent, and clinical facilities as well, would it not?

Dr. ROBERTS. I think so, provided you have paid sufficient attention to quality.

Senator PEPPER. Yes, indeed.

Dr. ROBERTS. Just a bunch is no good.

Senator PEPPER. Well, there might be a requirement that whoever was head of the hospital or the group—

Dr. ROBERTS. Of course, admission to the hospital would be by the strictest of requirements.

Senator PEPPER. Yes, they could be looked over thoroughly, and in the same way the doctors in such a gathering as I have indicated, would cooperate through their efficiency and standing. Of course, no good doctor would refer a patient of his to a doctor who was not known to perform excellent service.

Dr. ROBERTS. Now, if I may allude to Mobile, you have three hospitals and you have, we will say, 80 available doctors, and if a system could be worked out whereby those doctors were brought, all of them, into some type of relationship with those hospitals as medical centers, you would increase the efficiency of those doctors already in Mobile to a tremendous extent, and you would not have to worry about getting new ones. But, of course, that cannot be done overnight, and it cannot be done at all unless the physicians in Mobile can be shown, or forced to realize, that that is the thing for them to do.

Senator PEPPER. Now, do the local doctors ordinarily use the hospitals—what is the normal relationship in the ordinary community between the doctors and the existing hospitals?

Dr. ROBERTS. Well, there are two general classifications of doctors, those that have hospital appointments, and those that do not—you are talking now about metropolitan areas?

Senator PEPPER. The ordinary area—what do you mean by having appointments?

Dr. ROBERTS. I mean that every hospital has what is known as a staff and there are two classes of hospitals in that regard.

One is what is called the "open staff" hospital.

The other is the "closed staff" hospital.

The open staff hospital admits any doctor who wants to bring in a patient and treat that patient in the hospital. The closed staff hospital says, "We will not let any doctors except those whom we have investigated and certified and appointed on our staff bring patients into this hospital."

Now, there also is another type of doctor, that doctor to whom is extended what they call a courtesy privilege, which is extended to certain doctors who are not on the staff of the closed-staff hospital, but who they think are worthy of bringing patients into that institution.

Does that answer your question?

Senator PEPPER. Yes, it does; thank you.

Now, if the doctor has access to the hospital and brings in a patient, suppose he wants to run that patient through a clinical diagnosis or examination. Does he do that all by himself, or does he use the

laboratory of the hospital, and is that a part of the charge on the patient—I wonder.

Dr. ROBERTS. Well, it varies so much that it is pretty hard to answer that categorically.

They usually use the clinical diagnostic facilities of the hospital and they may or may not place an additional charge on the patient. Then the doctor's conferees on the hospital staff consent to do certain of the work, and so forth—but the pattern—there is no really hard-and-fast pattern for that.

Under ideal conditions, in my opinion, the patient would have what you spoke of before as a free choice of institutions.

That is, of course, except in communities in which there was only one. Of course you would not have any choice then unless you wanted to leave the community, but you would have a free choice of institutions in a large community and would go to that institution just the way you would go into any one of the voluntary hospitals today.

When they first enter, they are not pay patients. When a nonpay patient goes into a hospital, no consideration is given about the expense of his care—of course, this is the ideal hospital—and diagnostic facilities, when they are needed, are obtained. If consultation is needed, that is obtained. The amount of medical service he gets does not depend upon the matter of money that he can pay.

Now, it is not until he becomes a so-called pay patient that he leaves that category and once he leaves that, he begins to get into trouble. Under ideal conditions if you had the hospital and the surrounding territory filled with prepaid patients—in other words, if there was no money consideration involved directly by the hospital at the time, or by the doctors—then, of course, there would be no consideration about paying, and the ratio between diagnosis, and so forth, and consultations, because that would have been already paid for under the prepayment system.

Now, such things are not purely visionary. There are systems under which those things are going on now. One is the very large outfit known as the Ross-Loos Clinic.

Senator PEPPER. Where is that located?

Dr. ROBERTS. In Los Angeles.

Then, there is the Trinity Hospital in Little Rock, Ark., and various other places where they have similar institutions.

Senator PEPPER. Are they operated under prepayment plans?

Dr. ROBERTS. Those are prepayment.

Senator PEPPER. You pay a certain amount of money a week, or a month, and that entitles you to use the facilities of the hospital, which include professional service of physicians, and so forth?

Dr. ROBERTS. That is right.

Senator PEPPER. Or, whatever you need to have?

Dr. ROBERTS. Right.

Senator PEPPER. Do you sign up for a given length of time?

Dr. ROBERTS. No; it is usually on a month-to-month basis. There is no breaking-off time.

Senator PEPPER. The reason I mention that is because someone was telling us that the Farm Security people got in trouble because they had a fixed amount that they deducted from the sum of money that they loaned to the Security beneficiaries, and they found that the beneficiary, having become entitled to the enjoyment of hospital

facilities, immediately took advantage of that and had performed perhaps the long-delayed appendectomy that they had expected to have, and the first thing they knew, they had used up all of the money, and they did not have enough to continue to furnish the medical service to the people, due to the fact that they signed up for so short a time, and under a system such as that, you would not get the spread that you would if you stayed in a while.

Dr. ROBERTS. Of course, the same thing applies to insurance anywhere in the country—that applies to so-called health insurance. The effectiveness of it depends on the length of time that it is carried forward by the individuals and paid for and it depends particularly up in the educational program that goes with it.

Just to dump a health-insurance plan in the lap of a group of people without teaching them how to use it is no good.

Senator PEPPER. That is right; go ahead.

Dr. ROBERTS. I thought perhaps you would like to question me on some of these things.

However, I just feel that in the first place, there has not been an intelligent approach to this business of taking doctors out of essential war areas; secondly, that there seems to be a great deal of confusion as to what kind of a program is necessary to correct the current situation.

Some organization which can take a doctor from one area, or one State, and put him quickly into another area or another State is, of course, indicated, and some method for giving the man or the woman assurance of income, and some solidity, is also necessary.

As far as exactly just what method should be used, I do not know. I think that considerable more study should be given to the matter. But I do not think that at this time the Public Health Service is the logical implement of such a program, and I am not so sure but what the suggestion a doctor made the other day about putting them all in a civilian medical corps to be created and all in uniform, is not a good suggestion.

I do not know whether we can trust the individual physician to find his best niche in that problem, and I think because of the fact that he is a skilled worker, and more skilled and highly trained individual, that we are going to have to use him just as best as we possibly can.

Senator PEPPER. In other words, that is simply another aspect of the manpower problem.

Dr. ROBERTS. Certainly, sir.

Senator PEPPER. Where you have to have enough skilled people doing the various things necessary to keep the society together.

Dr. ROBERTS. Certainly.

I believe, at the present time, England has a system which has a division of manpower which concerns itself primarily with professional skills, and I think we are going to come to that.

The quicker we get to that, the better. But when we see a place like Mobile, with the statistical things that threaten, and you realize that they are going to have to expand their employment some 35,000, by the middle of 1943, and yet it is known all over the country that Mobile is not safe from a medical standpoint, I am fearful that the workers will not come in there and we will not get the ships and things that they make there—in other words, this is no joke.

Senator PEPPER. That is all the more vivid in showing the necessary relationship between public health and the problems of the war effort.

Dr. ROBERTS. Yes, sir; because the status of the public health is the status of the health of the employee and that in turn is reflected in production.

Senator PEPPER. Doctor, in approaching the problem, did you say that you thought the Public Health Service should be the health agency to deal with that problem?

Dr. ROBERTS. I did not say that; I felt that the Public Health Service was an implement—there has got to be some over-all community planning that the Public Health Service alone may not be able to do.

Senator PEPPER. Well, has there not got to be an over-all view of this problem or this aspect of the problem of manpower?

Dr. ROBERTS. Yes, sir; we have now reached the point where there has got to be.

Senator PEPPER. Because this is related to the whole effort, the full prosecution of the war.

Dr. ROBERTS. That is right.

Senator PEPPER. And whoever has the job of dealing with the Nation's manpower—from an over-all point of view, in making proper allocation of skilled labor, for example, between the armed services and civilian factories, must likewise make another decision on the location of another very important thing, the skilled physician, the doctor, as between the armed services and the civilian population, seeing that each one has as near its need as possible.

Dr. ROBERTS. That is correct.

Senator PEPPER. And this program has got to be set up where the most efficient use of the skilled labor in the factories and in the ranks of the medical men can be made.

Dr. ROBERTS. May I call your attention to this, Senator:

This is a war like no other war. The necessity for the production of implements of war is greater now than it ever was. The ratio between the necessity for production in order to bring about a victory is different from what it was in World War I. Therefore it is imperative that there be a review of the amount of doctors that the military forces take, as regards the amount of doctors that are necessary to keep those plants producing things that the military forces have to have.

Now, that is something nobody seems to have paid much attention to, and that is what amazed me when I thought of the situation obtaining in Mobile.

How could you think that something called Procurement and Assignment Service was functioning correctly and that everything was all right when this kind of a situation can arise?

It just means that they were not thinking.

Senator MILLIKIN. It was testified to yesterday, Doctor, that Procurement and Assignment, on an over-all basis, figured we should have about 1 doctor to 1,500 people, assuming the proper distribution of those physicians. Would that be enough, in your judgment?

Dr. ROBERTS. Yes, sir.

Senator MILLIKIN. So if they had carried on that plan, assuming a successful distribution of the doctors, that would be the sole problem, the distribution.

Dr. ROBERTS. Yes; and also increasing the effectiveness of the doctor once you get him placed, as I have said; but the tendency up to

the present time has been to say, "Well, the Army and the Navy must come first and let the civilian population be damned."

Senator PEPPER. Well, Procurement and Assignment Service has been simply a recruiting office, has it not?

Dr. ROBERTS. I thought it was essentially a certifying body, that it was to say, "That doctor is essential and should not be taken" and "That doctor is unessential and can be taken."

Recruiting, I thought, was to be done by the recruiting divisions of the Army and Navy. There has been a great deal of talk about P. and A. and the P. and A. work, and it has been somewhat confused in the minds of the public, but the idea itself is that P. and A. has no authority.

Senator PEPPER. It was simply an agent of the armed services, to get medical personnel.

Dr. ROBERTS. Yes, sir. The armed services, when they want doctors they say so, and it is supposedly up to P. and A. to say, "I think you can or cannot have them."

Now, the idea supposedly was that he would be certified, and, in effect, if he had hospital connections or there was a certain need for him, or if he was an industrial physician or something like that, the theory was he should have been passed up.

Senator PEPPER. I thought at least in the early stage of this work, if not later, they were given quotas, just as the draft boards were given quotas, and they had to fill those quotas; that is, the Army and Navy told them how many doctors they wanted, and it was up to them, Procurement and Assignment, to get those doctors for them.

Dr. ROBERTS. Yes; but the actual recruiting was done by the Army and Navy. P. and A. has no authority. In other words, P. and A. cannot put their finger on a man and say, "You go into the Army"; they can simply say "We will let the Army take you."

Senator MILLIKIN. Or, conversely, if necessary, they would say to the services, "You cannot have him?"

Dr. ROBERTS. Yes, sir; and they are then prepared to produce a reason.

Well, of course, that means they have to have a very strong reason, too.

Senator MILLIKIN. Something has been wrong with that system, or we would not have had this maldistribution that we have today.

Dr. ROBERTS. It might not be so much the system as the way it has been administered.

Senator MILLIKIN. That is what I mean.

Senator PEPPER. The Procurement and Assignment Service has not so far as I understand it, any authority to limit or diminish the number that they are called upon to furnish.

Dr. ROBERTS. That is right.

Senator PEPPER. That was determined entirely by the Army and the Navy, so far as I know.

There has been no public agency who has had authority to say: "Having examined the number of doctors that you have in relationship to what your apparent needs are, we must advise you that there are not enough doctors to allow you to fill fully the requisition, so you will just have to redistribute your doctors in the service and get along with your present doctors, because we cannot give you any more at

the present time, because we are going to have to have competent physicians for civilians."

Dr. ROBERTS. There is no agency that can say that at the present time; no, sir.

Senator PEPPER. Would not the War Manpower Commission chief be the most appropriate person to make that decision?

Dr. ROBERTS. I think so.

Senator PEPPER. He would not let the Army and the Navy have more men for the armed services than he thinks he can furnish, I take it.

Dr. ROBERTS. I think you will find and will be as astonished as I was, that the Procurement and Assignment committee of Alabama did not know what their quota was until somebody suddenly woke up and found out that it had been 150 percent overfilled.

Senator PEPPER. The point is, that there has not been any superior person who will, as a civilian, try to run the Army; but this civilian person, having the duty of furnishing the civilian population and the military services with adequate medical care, as nearly as can be provided, will of course have to exercise some authority and discretion as to how to divide the number of available persons and say to them that they will have to get along with less than the number needed.

Dr. ROBERTS. That is right.

Senator PEPPER. For example, another agency doing this in another aspect is acting in regard to critical materials.

Dr. ROBERTS. Yes, sir.

Senator PEPPER. Under the "Controlled Materials Plan," the War Production Board receives the claims of the various military services and the civilian services, required by civilians, and required by the military services; in other words, each submits their requirements to War Production Board and the Army has to take its allocation of critical materials handed to it by the War Production Board, just as the civilians have to take their proper allocation, and there has to be an over-all judgment as to the proper allocation of those materials to so conduct the war as to keep the flow of materials passing forward all the time, and not to deprive the services nor to close down the civilians supplying the services and this may be applied, in the same way, under the Manpower Commission, under that same authority.

Now, if the Army or Navy, we will say, were to apply to the War Production Board for a certain quota of critical materials and the War Production Board were to say: "Gentlemen, before I pass upon this it is going to be necessary for me to examine your inventories," so far as you can see there would be anything irregular about that, would there?

Dr. ROBERTS. Not a bit.

Senator PEPPER. And if, therefore, the head of the Manpower agency were to say, to the medical service, who was making a requisition for medical personnel, "Gentlemen, I am very sorry, but I am going to have to examine the number of medical men that you already have and the genuine use to which they are being put, you are going to have to show me that you cannot redistribute your doctors and make out satisfactorily by some other system, or maybe adapt yourselves to a shortage and make use, the best use of what you have that can be made."

Dr. ROBERTS. Right.

Senator PEPPER. So far as you know, that has not yet been done?
 Dr. ROBERTS. No, sir.

Mr. ROBACK. May I interject there and say, the testimony this morning by General McAfee was, in substance, that the Army did not recognize any authority to examine requirements, they allowed no other authority to examine their requirements, on that score. That was the substance of his testimony; that at this time they recognized no authority to examine into and cut back, if necessary, any medical personnel.

Dr. ROBERTS. There has been nobody that could question them; yes.

Senator PEPPER. So far.

Dr. ROBERTS. No, sir.

Senator PEPPER. But the authority granted to Mr. McNutt by the President's recent Executive order is an entirely new grant of power, is it not?

Dr. ROBERTS. Yes, sir.

Senator PEPPER. And the President of the United States, being Commander in Chief of the Army and Navy, might be said to have imparted that power to his Director of Manpower, that might be said, might it not?

Dr. ROBERTS. I think so.

Senator MILLIKIN. I should like to say—that there was testimony this morning that the military services are in liaison and discussion of the problem with Procurement and Assignment, and yesterday it was testified that Procurement and Assignment in liaison with the military services did arrive at this formula of one doctor to 1,500 civilians, and that the remainder of the physicians in the rest of the country will be available for Army requisition.

Senator PEPPER. Well, the figure may be agreed upon, but, Doctor, is it enough to just agree upon the figure if your idea and Dr. Peters' idea, as I understood them, were taken into consideration, you would not only have to preserve the ratio of one to 1,500 but you would have to reserve out the right kind of men that had the right skills to make up completed units, as it were, who were physically able to render medical service, and the like; and you would also have to see to it that those men had reasonable, adequate facilities with which to render those services, would you not?

Dr. ROBERTS. The more of that type of organization you have, the better the equipment those people have, the more people they can take care of.

Senator PEPPER. Just as we spoke a bit ago about the absence of thought in the past to make proper allocations for medical manpower, or the proper use of it; do you know of any agency at the present time which has the authority and money to provide these facilities or hospitals at any particular locality?

Dr. ROBERTS. No, sir; not unless the Public Health Service has.

Senator PEPPER. The Public Health Service can make a recommendation, as I understand, to the Federal Works Agency, and the Federal Work Agency can build those facilities, provided they can get clearance from the War Production Board, and get other clearances necessary to get the structures built, or the facilities provided.

Now, in your opinion, would it not be necessary for the medical people to have some voice in these decisions?

Dr. ROBERTS. Surely, I think that they should be given the right not only to voice their opinions, but they must be one of a number of voices because not only medical people, logically, should be considered, but the community itself must be considered and the employers must be considered and labor must be considered and the various other factors making up the community, but with the medical people giving the technical advice.

Senator PEPPER. I can well understand how the Public Health Service and the War Manpower Commission, working together, might, in examining the number of doctors that they can take out of the different communities, take into consideration how many more facilities they can put into a community.

Dr. ROBERTS. That is right.

Senator PEPPER. That is all a part of the manpower problem.

Dr. ROBERTS. I should think so.

Senator PEPPER. And it would not be inappropriate for Manpower, if it is to do its job in making the most efficient use of our manpower, it should make recommendations, itself, to other appropriate agencies with respect to furnishing whatever and wherever possible all these necessary facilities.

Dr. ROBERTS. I should think so.

Senator MILLIKIN. Senator, may I interpolate:

A witness also showed, and I had the feeling it was perhaps responsive in part to some of the activities of the committee, that Procurement and Assignment has requested a sort of resurvey of the medical talent of the Nation through the State offices of Civilian Defense, through their Procurement and Assignment committees in the various States, with the idea of determining the effectiveness of doctors, rather than merely the statistical import of doctors; in other words, it was recognized that you could have two doctors in a community, technically speaking, but effectively speaking, those two doctors put together would do the amount of work equivalent to one good healthy doctor, and they carry that further on down the line.

That may not be sufficient, or it may not be complete, but at least they have made a start in that direction.

Dr. ROBERTS. The sad part of it is that a year had to elapse after Pearl Harbor before they began thinking in those terms.

Senator PEPPER. Now then, if in addition to that survey they will also make a survey of facilities and take those things into consideration in evolving the plan, that will be all the more help, will it not?

Dr. ROBERTS. Yes, sir. I would like to just be sure that I emphasized sufficiently to you the necessity, of all of this business, in thinking in terms of the quality of medical care and in terms of the medical facilities being made available, not only for the cure of disease, but to try to prevent before it occurs, because that is where your pool of medical manpower is going to come from. A doctor that does not have to take care of a certain illness is a doctor free to do something else, and my great fear is always that they will pay too much attention to financing or methods of distribution, without paying sufficient attention to the question of quality.

If you had a community with a certain number of people in it, it would be too bad, very bad, to have a doctor put in there who was

inefficient, particularly if that were in a vital area, and I do not think that should be lost sight of.

Senator PEPPER. Well, Doctor, we certainly are very much obliged to you, and I want to apologize to you, like I did to Dr. Peters, for my tardiness and your having to wait, and thank you very much for your kindness.

Dr. ROBERTS. Thank you, sir.

Senator PEPPER. Dr. Mott, will you come forward, please, sir, but before you give us your statement, let me ask—

Dr. ROBERTS. Did you give your permanent address, in giving your name here?

Dr. ROBERTS. 1790 Broadway, New York, Medical Administration Service, Inc.

Senator PEPPER. All right, thank you very much, Doctor. I wanted to be sure to have that in order that we might contact you if necessary.

Now, Dr. Mott, will you state your name, the agency with which you are associated, and a little bit of your background, please, sir?

STATEMENT OF F. D. MOTT, CHIEF MEDICAL OFFICER OF THE FARM SECURITY ADMINISTRATION

Dr. MOTT. Senator, I have given my name to the reporter, it is F. D. Mott, and I am Chief Medical Officer of the Farm Security Administration.

I graduated in medicine in 1932, from McGill University, Montreal. My internship was in internal medicine at the Presbyterian Hospital, New York. Since 1937 I have been with the Farm Security Administration, formerly the Resettlement Administration. Since last February, I have been Chief Medical Officer of the Farm Security Administration.

Senator PEPPER. Now, Doctor, if you will go ahead and make such statement as you care to make, we would appreciate it.

Dr. MOTT. I have a statement I would like to introduce, and I will read it if you wish.

Senator PEPPER. That will be fine, thank you, Doctor.

Dr. MOTT. American farmers are facing the most difficult and important job in American agricultural history. Food is a powerful weapon essential to victory. Defeat in the farm sector would gravely imperil the prosecution of the war. We must leave nothing to chance in mobilizing the full resources of our farm lands and the physical resources of our farm people. Huge handicaps must be overcome if our food-production goals are to be attained. There will be only one quarter as much new farm machinery as last year—farmers will be short of trucks for moving crops and farm supplies—there will be an increasingly acute farm labor shortage—farmers and their families will have to work even longer and harder hours, and with a large percentage of strong and able-bodied farm youth in the armed forces and in industry, this work will fall largely upon older men and women and children.

We would not think of sending an army overseas without full provision for necessary health facilities and personnel. We are no longer tolerating the conduct of industrial enterprises without organized industrial health services. And yet we have left almost entirely to chance the crucial factor of the health of upward of

25,000,000 people comprising our farm population, and as a result their health and their ability to do the job that must be done is seriously endangered.

Even before the war there were far too few physicians in rural America. The trend toward the loss of rural physicians had been evident for 40 years. Of the 21 States which between 1923 and 1938 showed a loss of about 20 percent in the ratio of physicians to population, 18 were rural States.

Thirty-five years ago one-half of young medical school graduates located in places of less than 5,000 population. By 1933 less than one-quarter, and by 1931 less than one-fifth of graduates located in communities under 5,000—although such areas include 48 percent of our whole population. This has resulted in situations such as existed in Tennessee even before the war, when 77 percent of the rural physicians were over 50 years of age.

There have always been too few health officers, sanitary engineers, and nurses in the country districts. Over 1,200 counties still lack even such vital services as full-time public health units. Dentists to an even greater extent than physicians have concentrated in our cities.

Lack of adequate health facilities in rural areas represents a deficiency as serious as lack of trained personnel. There are far too few hospital beds. Diagnostic facilities are sadly lacking. Many a public health unit is relegated to the courthouse basement.

The lack of medical resources and the inability of individual farm families to pay for medical care has led to an accumulation of serious physical defects and chronic illness in the rural population. In 1940 we had teams of physicians examine over 11,000 persons in 17 States among Farm Security borrower families. They found an average of 3½ significant physical defects per person. One farmer in every 12 had a hernia. Varicose veins were found in 14 percent and hemorrhoids in 19 percent of the men and women examined. Second- and third-degree perineal tears, neglected childbirth injuries—were found in 41 percent of the wives in white families.

Senator PEPPER. Just a second, Doctor. What was that again, percentage and the cause?

Dr. MOTT. Second- and third-degree perineal tears, which represent childbirth injuries, were found in 41 percent of the wives in white families.

Senator PEPPER. That was probably due to the fact that no proper care was taken, in turn represented probably by an extreme large percentage of deliveries by midwives, instead of competent doctors, where there were no competent facilities available?

Dr. MOTT. Doubtless, sir, although other factors entered the picture. Senator PEPPER. Very well. Continue, please, Doctor.

Dr. MOTT. There was a vast amount of dental disease and malnutrition, with defective vision and infected tonsils occurring very frequently. As in the case of Selective Service findings, the tragedy in this situation is the great majority of these conditions are either preventable or remediable.

We have left rural health to chance in the past. If we continue to follow this haphazard approach, the whole war effort will be seriously endangered.

The acute shortage of rural physicians illustrates the appalling present-day rural medical picture. In 1938 the American Medical

Association reported 33 counties in the United States without any physician, and 241 more counties in which there was only one physician for every 2,000 persons or more. The situation is far more acute today. When State quotas of physicians for the armed forces were finally set by the Procurement and Assignment Service, it was the predominantly rural States which oversubscribed their quotas. As of September 30, of the 28 rural States, 24 had exceeded these quotas, 11 of them having furnished over 150 percent of their quotas and 9 others having supplied between 110 and 150 percent.

Even last April, when we had been at war only 4 months, 16 rural States had less than one active private practitioner for every 1,500 people in the 1,005 rural counties which neither included a metropolitan center nor were adjacent to counties which had metropolitan centers. The total population of these counties exceeded 22,000,000; the average number of active practitioners in these 1,005 counties was 2,015. In the same month, an equitable distribution of the Nation's available physicians could have provided one for every 937 persons.

In giving these figures, I am counting as active private practitioners those under 65, plus one-third of all of those over the age of 65 years.

Illustrations based on averages fail to reveal the acuteness of this problem as it affects particular counties and individual States. For example, a recent report of the Duke endowment lists 38 counties in North Carolina in which there was a ratio of 1 physician for every 2,418 persons in 1940, which, by July 1, 1942, had become a ratio of 1 physician for every 3,121 persons. (Incidentally, 27 of these counties are completely lacking in hospital facilities.) According to the report, and I quote:

Of the 179 physicians left in active practice, 83, or 45 percent, are 55 years of age and over; of the 83 men over 55 years of age, 57 are between 55 and 65; 10 between 66 and 69; and 16, 70 years of age and over.

The Duke endowment report lists 12 counties in South Carolina which in 1940 had 1 active physician for every 2,485 persons, and by July 1, 1942, had only 1 physician for every 3,326 persons. The report states:

To provide adequate medical care, the generally accepted minimum standard is 1 physician for every 1,500 persons. These 12 counties now average 1 physician for every 3,326 persons, or more than double the minimum number of persons per physician. There are 3 counties of the 12 where the average number of persons per physician is 5,000 or more.

Conditions as bad as this exist in many other States. North and South Carolina are by no means outstanding in this respect.

It is not enough to prevent an even more acute maldistribution of physicians than we have witnessed so far. We must correct the errors which have been made, taking positive action immediately to redistribute physicians to meet civilian needs. We do not need to dwell on the prospect of thousands of personal tragedies which inevitably face farm families if the present situation is permitted to continue. We can be completely realistic and cold-blooded. Food is far too vital a weapon to allow chance to dictate its supply. Agriculture is a war industry. It is a wearing, grueling, hazardous industry. A profession which has willingly furnished a doctor for about every 150 men in our armed forces is undoubtedly able to offer at least 1 physician to serve every 1,500 persons in our farm population.

There is no easy solution to the problem of redistributing physicians. Persuasion, appeal to patriotism, or the offer of financial reward, will not offer a workable solution to a situation which can be characterized only as extremely serious. As one observes the needs of the farm population and reads the testimony of those familiar with the industrial problem, one cannot escape the conviction that any solution to this problem will be partial and ineffective, other than the registration for the war period of all active practicing physicians in the United States, and their being subject to orders based on a reasoned interpretation of the needs of all parts of our civilian population. I am sure that at a time when every physician is anxious to serve his country, this action will not be regarded as unwarranted regimentation.

There need be no waste of time in conducting more than a minimum number of extensive surveys because, through the work of the Procurement and Assignment Service and the Public Health Service, we have most of the facts available now. There should, of course, be some mechanism, region by region, which would provide for the interpretation of the facts now available, and which would lend to the assignment of physicians to those areas in which they are most needed.

I think it would be a mistake to place certain physicians in uniform, leaving other physicians in civilian clothes. When a physician is assigned to a particular area there should be minimal barriers to his acceptance, not only by the medical profession locally, but by those persons whom he will serve. On the other hand, I believe that all active practicing physicians, upon registration might well wear some emblem signifying that they are on active duty at the place where their Government needs them most and where it has asked them to serve.

It is obvious that artificial barriers to the logical assignment of physicians to medically needy areas should be eliminated immediately. State licensure requirements can be bypassed for the duration by granting some sort of Federal registration or licensure to every practicing physician in the United States who meets certain basic requirements. One cannot afford to wait for invitation or acceptance of an incoming physician by local physicians or medical societies. Even though the number of these local physicians may be insufficient, there may be a natural tendency for them to resist what they interpret as the intrusion of one or more additional physicians, often because they have assured their former colleagues who have gone into military service that they will, so to speak, "hold" their practices for them.

The organization of emergency medical service arrangements need not be dependent upon an over-all national service act. The health of the industrial and farm workers of this country transcends in importance any considerations such as the natural tendency to hesitate to call upon one professional group to make a contribution to the war effort greater than that of any other single group. The medical profession certainly would accept willingly the dictates of a Congress whose one aim is to win the war and the peace which will follow.

It should not be difficult to determine emergent civilian needs. There appears to be general agreement that we can meet the legitimate demands of the armed forces for physicians for some time to come and yet retain enough physicians in this country to provide 1 physician

for every 1,500 persons. It is recognized that in Great Britain there has been allowance for a larger number of physicians for a given number of the rural population than for the same number of urban workers and their families. This is of unusual interest to those of us who are concerned primarily with rural health, for we realize that this decision has been made despite the fact that rural Great Britain does not comprise as dispersed a population as that with which we are familiar in the United States. Nevertheless, even as an exponent of a program to protect the rural population in its intensive production effort, I am willing to recognize that it is perhaps only logical that in this country we provide for a slightly higher ratio of physicians to population in urban and industrial areas than can be provided in the rural areas. Our principal hospitals are concentrated largely in the urban areas—we must have slightly more physicians in these areas. They must serve not only the urban population, but also patients who come in from widespread rural areas. It would be a tragic error, however, to underestimate the needs of the rural population for physicians capable of providing preventive and curative services which will result in keeping farm families on the food production line.

It will be possible to provide 1 physician for every 1,000 of the urban population in the larger centers, and perhaps 1 physician for every 1,100 or 1,200 people in our smaller cities—but viewed in its proper perspective, it is clear that we cannot accept a ratio of less than 1 physician to approximately 2,000 persons in any rural area other than in exceptional instances. So long as we have enough physicians in the United States to provide these ratios, the acceptance of a more disproportionate ratio would represent sheer defeatism.

It is not sufficient to think in terms of determining quotas and assigning physicians. The efficiency of those physicians now practicing in rural areas could be increased greatly if they were to organize their work on a community service basis. May I insist again that I am not speaking in terms of regimentation. I am thinking of the efficiency of the physician, often elderly, who under present circumstances is called upon to spare nothing of his physical resources in remaining on call day and night, week after week, and month after month. Through coordination of professional effort, these men could get a good night's sleep at least 4 or 5 nights out of 7. It would not only furnish a simple and practical solution if they were to share the responsibility for night calls, but they could so organize their regular office hours that service could be rendered to the whole community on an efficient basis. The time and strength of the physicians can be conserved through education of the public to utilize their services on an organized basis. Each doctor's office might in a sense become a clinic where, during regular hours, the greatest part of his practice would be performed. In some communities the hospital might well come to fulfill the function of a health center where, at virtually all hours, a physician would be on duty.

There are, of course, other ways to conserve and build rural health during this emergency period. Preventive services must be emphasized as never before. Education in personal hygiene, and in home nursing and first-aid technique, has assumed a new importance. Visiting nurses' services would prove invaluable. Supervised midwifery services should be established in certain areas. No economic barrier should be allowed to block the full utilization of

hospital facilities. The use of school busses would make possible a community pick-up service to bring patients to their physicians and to public health clinics. The organization of prepayment medical service plans should be explored as a means of assuring adequate incomes to physicians who may be detailed to rural areas.

A courageous policy would include transferring more vigorous physicians to rural areas to replace less active men who should be transferred to locations where the physical strain is not so great.

Under what agency should this positive program be conducted? It must be an agency with authority and with funds. It should be an agency handling the whole problem and not some fractional part. My personal conviction is that a war health council should be established which would presumably function under the authority of whatever agency is responsible for the mobilization of America's manpower. The council should include representatives of agriculture, labor, industrial management, the public generally, appropriate Government war agencies, the United States Public Health Service and, of course, the organized medical and dental professions and allied health service professional groups. This war health council should be given ultimate authority to act in meeting both military and civilian needs for health professional personnel. At the operating level its functions would obviously have to be correlated with those of other Federal agencies which are concerned with the whole problem of allocating professional personnel to meet the needs of the armed forces and of the civilian population.

It has been said that it often requires a great disaster to bring home to both peoples and governments the fact that health is a public concern—it takes no prophet to foresee potential disaster in the situation which has been allowed to arise. Surely we can act calmly, sanely, and decisively, if we are men of reason and will.

Senator PEPPER. Doctor, is the plan for furnishing greater medical care to the clients which the Farm Security Administration is dealing with, the plan it has followed in the past?

Dr. MOTT. Senator, a very wide variety of plans is in existence. However, in general, we have worked very closely with organized medicine, first with the State medical associations, and then we have worked with the local and district medical societies, in starting prepayment plans of medical service for these borrowers.

These plans have been voluntary and they have been based on prepayment, or health insurance principles.

Senator PEPPER. Now, the way that works was that the applicant for the loan would be required to submit a budget for the year, and an item in the budget was a certain amount for medical care, and that was considered as one of the needs of the family, that is, in determining the amount of the loan necessary, was it not?

Dr. MOTT. That was not a requirement, sir; it was on a voluntary basis, but there has been considerable persuasion to get the families to budget that item.

Senator PEPPER. You have urged the making of provisions for such a sum before it was necessary to spend it.

Dr. MOTT. Yes, sir.

Senator PEPPER. And you have been willing to include that amount in the loan that you were making to the client?

Dr. MOTT. Yes, sir. If the family's farm and home plan can stand that additional loan, we make loans for the purpose, and I believe the great majority of the families have paid their dues through the assistance of loans.

Senator, may I say that I read the testimony given by Dr. Osineup and I made certain references to the Farm Security medical program which I thought unfortunate.

As a matter of fact, very few plans have been put into effect in Florida, while a large number of plans have been in operation in other Southern States.

If you would be interested—it would just take a moment—I can give you some figures.

These plans extended into 1,024 counties in 39 States as of last June, covering upward of 111,000 families. Dr. Osineup gave the impression that one or more plans in Florida has been a failure. I believe that it is quite possible that at least one plan in Florida had been discontinued; on the other hand, from year to year there has been a steadily increasing number of these plans and I think the medical profession generally agrees that they are reasonably successful in helping patients to get physicians' care and in helping physicians on the financial side.

Senator PEPPER. I understood that what Dr. Osineup intended to say was that it was not that it was not a good thing in that it helped the medical profession. It was that he simply pointed out that unless you had some coverage that extended through a period of time, the ones who are willing to get a great deal more than they paid for, they would have an opportunity to do so under the plan.

For example, if he just had to pay for a month, and not for a whole year, say, if you are going to have an operation in July, that person would simply sign up for the month of July and get that operation over with, and then quit.

I understood that it was his idea that that illustrated the necessity for the plan extending over a period of time and that the largest possible coverage should be provided for.

Dr. MOTT. In general, these families sign for 1 year at a time, and then the problem of renewal of membership comes up.

Senator PEPPER. Then if you keep them signed up for the second year, that would tend to even up for the previous year in which they had had an expensive operation.

Dr. MOTT. Well, we have a dental-care program on a prepayment basis which has some limitations, but which extends to about 175,000 persons.

Now, in a program of that sort in the State of Utah, the families sign up to remain members for 5 years. I do not suppose they could be compelled to do that, but I think it is in the direction that you pointed out.

Senator PEPPER. That would tend to overcome that other situation. Now, what other hospital facilities are being provided for the rural people?

Dr. MOTT. I would say this, in general: Hospital facilities are inadequate. An example is the fact that in the Southern States there are about the same number of local general hospitals as in the Northeastern States. The population in both areas is approximately the

same, and yet these hospital facilities in the South include a total of hospital beds much less than half that found in the Northeast.

In other words, this southern area, with about the same population, has less than half as many hospital beds as are to be found in the northeastern area.

Senator MILLIKIN. How does the health compare down there, sir?

Dr. MOTT. That is a very difficult question, sir.

There are differences, of course, in the types of health problems which one faces in the different areas. I mean there are diseases which are found in the Southern States, such as malaria, hookworm disease, pellagra, and so forth, which are not found or are very rare in the North. There are differences between States in the incidence of communicable diseases where the influence of sanitation is felt as in diarrhea and dysentery. It is difficult to give you a precise answer on that point as to whether the people in the Northeast are healthier than those in the Southeast area.

Senator MILLIKIN. The point I was driving at was whether there was an equal need for equal hospital facilities in the two sections.

Dr. MOTT. I would say, offhand, that the people in the South are subject to the same diseases as the people in the North.

In addition they are subject to certain other diseases peculiar to that area.

I believe that people are pretty much the same everywhere and that the lack of hospital beds, which is not peculiar just to the South, does not reflect the amount of disease prevalent but the general economic circumstances of the area.

Senator PEPPER. You think, then, the question of public health is a particularly acute one generally for the people of the rural areas of the country, particularly southern?

Dr. MOTT. I think that it is a particularly serious situation which has been allowed to arise.

Senator PEPPER. And, according to some statistics, I believe the situation is even more acute, due to the fact that many of the doctors have been taken who formerly resided in this area—now in the armed services.

Dr. MOTT. Yes, sir; that is true.

We have received countless numbers of narrative reports from the field, from the 12 administrative regions of the Farm Security Administration in the continental United States, report after report from regional medical officers, regional health specialists, and others, referring to the fact that in particular localities a very serious situation has come up. There is constant reference being made to the fact that certain physicians will not or cannot make home calls—I would prefer to say cannot; the elderly men are coming out of retirement, virtual retirement, and they are not physically able to carry on a country practice.

We hear reports that it is fortunate if people now get care, even in real emergencies.

We had a telegram not long ago referring to the fact that in the Yakima Valley, in the State of Washington, the number of physicians was down to approximately 18, for a population of 100,000, urging us to see that some action was taken, at the national level, to correct that situation.

Of course, that is a farming area, and I am not completely certain as to whether that 100,000 represents the normal or the peak population; but in any case where, on top of the state we have been describing, one has the influx of thousands of farm workers adding their burden to these few remaining local physicians, that constitutes an extremely serious problem.

I believe you know that in the Department of Agriculture, we face the responsibility of transporting perhaps as many as 250,000 domestic farm workers. Next year we will bring in as many as possibly 50,000 Mexican farm workers. We have an agreement between the Department of Agriculture and the Mexican Government which, among other things, provides that medical care will be furnished these workers when they are in the United States.

It was relatively simple for us to furnish the medical care this year, because those workers came into California where we, since the spring of 1938, have had a mechanism for handling medical care among migratory farm workers. So when these Mexican workers were brought into California it was very simple to turn them over to an association known as the Agricultural Workers Health & Medical Association. This association already had agreements with the local medical societies whereby physicians serve in the camp clinics and whereby the families receive attention for any type of service that might be necessary. But with this unprecedented responsibility for transporting and providing medical care for farm workers in so many areas in the United States, it makes us feel very solemn, indeed, as we look forward to next season and wonder how they can get necessary medical care.

Senator PEPPER. You do feel that it is part of your duty to provide medical care and facilities to these people in the areas to which you transport them, do you?

Dr. MOTT. Yes, sir, we do, Senator. We have had a tradition in our agency of attempting to do something in the way of health work and medical care for the migratory farm workers.

The first health program was initiated in California and Arizona, starting in 1938, and since then programs have been started in Florida, in the Northwest, in Texas, and along the Atlantic seaboard. And in this agreement with the Mexican Government we agreed to provide medical care for any farm workers imported from Mexico, and we would hate to do less for our own workers in this country than we do for those that are imported.

Senator PEPPER. Now, you are really the agent for the Manpower Commission in making these transportations, are you not; you act as agent of the Manpower Commission, I would assume, or of the Employment Service.

Dr. MOTT. As I understand it, sir, the War Manpower Commission has required or requested the Secretary of Agriculture to assume certain of these responsibilities to which we are referring.

Senator PEPPER. Generally, the way it is worked now, the Employment Service certifies the need for workers in a particular area, and the area in which you can find those workers, and then the Farm Security Administration, in the case of rural workers, actually transports them from the place where they are to the place where they are needed?

Dr. MOTT. Yes, sir.

Senator PEPPER. Now then, one of the things that you try to provide for them, I suppose, is housing facilities when you get there, and medical care.

I will assume that those, at least, would be provided.

Dr. MOTT. I think both are, sir.

Senator PEPPER. Is it your job to provide housing facilities when they get there?

Dr. MOTT. As you know, the Farm Security Administration has approximately 100 migratory farm labor camps which we are now calling farm labor supply centers. Perhaps we do not know as yet what the requirements will be next year, but I believe that there is a great need for a largely increased number of those camps, but that doubtless thousands of other workers will be housed in other than Farm Security housing.

Senator PEPPER. Some agency will have to assume responsibility for housing the migrant workers; you just cannot push these men off the trucks, off their transportation facilities, dump them on the ground, at the place, and leave them out there without some sort of organized supervision of their housing facilities being had. You may find homes, or quarters may be provided for them in the community in which they are working, or by some public agency, but from some source I assume you expect to find them housing facilities.

Dr. MOTT. We certify as to the adequacy of the housing when it is not Farm Security housing.

Senator PEPPER. You mean before you place them there, or afterward?

Dr. MOTT. Before the farmer gets a worker to move into a house it is either certified as acceptable, or—some of the work was undertaken very rapidly this year, and I think certain certifications came after the workers had already moved into the houses, but the grower had signed an agreement that he would make any sanitary improvements or other improvements necessary, and if he did not, he did not expect to retain the worker in his housing.

Senator PEPPER. One of the things that you also tried to make certification about is the availability of adequate medical and dental care in the community to which you have moved a person, is it not?

Dr. MOTT. That is why I say we feel pretty solemn as we face this next season.

We have an agreement with the Mexican Government—we have no written agreements with farm laborers or their representatives in this country, but we feel a definite obligation—far more than that, we feel that it is a definite part of the war picture today that these workers must have access to medical care.

Senator PEPPER. Is the prepayment plan working in the case of these migratory workers not Farm Security clients?

Dr. MOTT. No, sir; up to this time we have been furnishing care at almost no cost, to migratory agricultural workers. That is, it has been subsidized medical care.

Senator PEPPER. Doctor, where they could not pay for it, did they get services if they went to the doctors in the communities?

Dr. MOTT. The general pattern, and it may be significant in the war picture, has been to have a clinic at the camp, or in some localities where we have used mobile camps, they have a mobile or traveling

clinic. The doctors on the basis of agreements with the medical societies, take turns in manning the clinics.

One physician may serve for 2 months, they may alternate, or two physicians may each come out 3 days a week, and practically all of the general care is given through these clinics. Of course, the clinic will for ward patients for surgical care or hospitalization, and so forth. That is, upon referral by the clinic physician.

That is the usual pattern. I think it is a pattern of significance because you have brought the doctor to the people.

May I add before I forget it, Senator, that we put into action another service of that same pattern, and it is working very well indeed, at least up until a year or so ago, when I lost track of it, and that was at a Resettlement project in Florida known as Escambia Farms. That project is from 18 to 25 miles from a town—I think the nearest town is Crestview—that is, the various farm units were that distance away.

Arrangements were made there for doctors to come out there two or three times a week and hold regular hours at the project. That meant, for a very moderate payment on the part of the families, he received a part-time salary of upward of \$200 a month, and it meant that he would come from 18 to 25 miles, one way, on emergency calls, for a very small fee.

One thing that helped in that case was having a nurse there on the project, and that was a very important factor. We do not need to leave communities 15 or 20 or 25 miles from medical facilities or services if there is any way of getting it to them.

We cannot expect the people to do all of the going to physicians, and we have tried, in most cases like this, to have the physicians come to the people.

Senator PEPPER. So that even in the rural communities, it would be possible, in your opinion, to set up something of a clinic, maybe two or more nurses and at least make arrangements for part-time visitations by physicians so that you would actually have, even in a rural community remote from the towns and cities, considerable of an institution that would be able to render medical care, service, and facilities.

Dr. MORR. I think that would be a help and would be much more efficient than doing nothing at all but expect the people to get to a doctor.

I would like to add, though, that even to make that kind of a thing possible, I believe that some redistribution of the physicians in this country is necessary. There are not enough men to do that out there.

Senator PEPPER. You have a question, Senator Millikin?

Senator MILLIKIN. Doctor, you have given us instances of a depressed area. How do those depressed areas in a back country, or rural areas, you might say, compare with the distressed or depressed areas in the cities?

Dr. MORR. Senator, do you mean statistics about the number of doctors per thousand, or what?

Senator MILLIKIN. As to the health.

Dr. MORR. Health statistics?

Senator MILLIKIN. Yes.

Dr. MORR. There again we have had difficulty in making a comparative analysis, following up that physical examination study.

As a matter of fact, there are in the hands of the Public Health Service all the data that have been collected, and they have been so busy with other things that they have been unable to spare even one or two statisticians to work with the data.

But there have been very few comparable studies. These have been studies made of industrial workers. Selective Service has its studies, and N. Y. A. has its study, but, frankly, they are working with just certain groups and those figures are not comparable.

We are still awaiting a complete comparative analysis of the data from the Public Health Service.

Senator MILLIKIN. Putting aside your testimony as to what you might aim to do for the migratory farm workers, I think the facts were developed, if not before this committee, then before some other committee of the Senate, that these depressed areas that you speak of do not really contribute to the war effort, in fact, they are hardly producing enough food for themselves.

If that be true, then your problem as to those areas is a general social problem, as distinguished from the problem of war production.

Dr. MORR. The people, of course, that we are working with, and that our agency is most interested in, are for the most part found in that middle third of farmers.

If you say there are roughly 6,000,000 farmers, according to the Census, the bottom two million have very largely been not bona fide farmers, I mean, probably three-fourths of them are not. Although some of our Farm Security borrowers may be found in that lowest third; they are mostly in that middle 2,000,000, where the gross earned farm incomes ranges from \$400 to \$1,000 a year.

I think a logical thesis, and the facts would bear it out, is that that middle third of our farmers is where we can greatly increase our production.

To come more specifically to your opening remark, I am not sure just where—whether the 38 counties are in North Carolina, where there are now well over 3,000 to each doctor—very possibly that might be in the Appalachian, western third of North Carolina.

Senator MILLIKIN. I had assumed, because of the connection with the activities of various agencies, that they were probably in depressed areas.

Dr. MORR. They were Duke Endowment statistics, and they came to my attention about 2 days ago and I have not had an opportunity to check the list of counties on the map.

Senator MILLIKIN. I think Senator Pepper gave us some statistics the other day to the effect that 80 percent of war-food production is produced from the more prosperous 25 percent of farmers, or something to that effect.

Eighty percent produced by 50 percent of the farmers, and there was a further break-down again that definitely relegated the excess-food production, the surplus food that would be available to the war effort to the most prosperous class of farmers.

I was driving to the point, the narrow point of just how far is your testimony related to the war effort, passing the social, the general social indication of the testimony.

Dr. MORR. Frankly, I was not making my general statement thinking about Farm Security borrowers, or marginal farmers, but taking farmers as a whole, before the war, they had received far less medical

care than urban people. Taking them as a whole, they had only about 70 percent as many doctors' home and office calls as people in the cities. And as far as hospitalization is concerned they get little more than half the care a similar number of people in the cities would get.

I am thinking of the States as a whole.

For example, I have a map here which shows those States which, in the 15-year period before the war, were losing physicians rapidly, that is, where this ratio of physicians to population has decreased by about 20 percent, and that includes Nebraska, Iowa, Kansas, Indiana, New Hampshire, Vermont, and so on. Iowa is not crossed by the Appalachian Range and I think Iowa has been called one of the Bread Basket States of the country and yet Iowa was in the group which had lost 20 percent, in the ratio of physicians to population.

Here again is a map showing the States with one effective physician for 1,500 population or more, as of last April. They are mostly southern States, but they include the Dakotas, and include many States upon which we are dependent for our farm production.

This whole picture is very closely related to the economic circumstances of the States involved.

Senator PEPPER. Doctor, would you think it was proper if I interrupted here?

Suppose you read the States that are included on the map that you just referred to, the proper map—just the names of the States, Dr. Mott, that have at the time you mentioned had fewer than one physician to 1,500 population.

Dr. MOTT. One to 1,500?

Senator PEPPER. Yes, sir.

Dr. MOTT. That was as of last April, which, of course, was before the recruiting reached its peak.

You would like, then, just the names of the States, Senator?

Senator PEPPER. Yes.

Dr. MOTT. Idaho, North Dakota, South Dakota, Arizona, New Mexico, Oklahoma, Texas, Arkansas, Louisiana, Mississippi, Alabama, Georgia, South Carolina, North Carolina, Kentucky, and West Virginia.

Senator PEPPER. Then, the physicians that were recruited from those are brought those averages down still more.

Dr. MOTT. Senator, let me correct myself, if it requires it:

These are the States, which I have listed, in which there is one effective physician per 1,500 persons or more in the rural counties in those States, that is, the counties not containing metropolitan areas or not even adjacent to counties containing metropolitan areas. I think I am right about that.

Senator PEPPER. Those are predominantly rural, then?

Dr. MOTT. Yes, sir.

Senator PEPPER. That is, those States.

Dr. MOTT. Yes, sir.

Senator PEPPER. So that the extent that any doctors may have been taken out of any such counties, to that extent, then, the situation in those counties with respect to doctors to population is worse than it was even then?

Dr. MOTT. Much worse; yes, sir.

Senator MILLIKIN. May I inquire here?

Senator PEPPER. Yes, indeed. Senator, go right ahead.

Senator MILLIKIN. Doctor, do you have any such thing as a composite health index, from which you can say that the health of the rural regions is greater or lesser than the health of urban districts, comparing one with the other?

Dr. MOTT. This business of talking in definite terms as regards health is always dangerous. We can go by such indices as mortality rate, infant mortality rate, and two or three standard indices like that, and it is dangerous to get beyond that.

Senator MILLIKIN. I know that the Government has compiled numerous statistics and figures, Doctor, and I was wondering if you had a compilation, a composite picture of health indices of any kind.

Dr. MOTT. There is, of course, an enormous mass of vital statistics.

Senator MILLIKIN. I mean that have been put into a formula for quick, ready information on the health of one district relative to the health of another. In other words—

Senator PEPPER. Has a parity been reached?

Dr. MOTT. I do not know that there has been exactly what you have in mind, made up as yet.

There are detailed publications giving mortality rates, sickness incidence rates, and I think that is carried right down to the counties and districts, for the United States. I believe that it is of some interest that cities in the past have always been less healthy places. There has tended to be, in general, in the past, more sickness in the cities than in the rural communities.

However, there has been a decided trend upward in the health of the people in the cities, a steady rise until now, viewed in a broad way, it is just about the same as that of the people in the country.

That is ascribable, mostly, to proper sanitation, long neglected in medieval cities and up until just the last few decades.

Now, we are faced with the situation where the rural people do not have proper sanitary facilities, except in the case of a minority of families on the farm, and where they do not have the same access to clinics, and so forth, that city people do, so that viewed broadly, the two groups have become just about equally healthy, or equally unhealthy, however one might wish to term it.

But the rural people are at a disadvantage as regards such things as infant mortality and maternal mortality, the lack of adequate prenatal care, and all, to which women in the cities have access.

Senator MILLIKIN. Off the record.

(Discussion off the record.)

Dr. MOTT. There is a vast difference, however, between judging health by these indices which represent actual deaths, and sizing it up by the amount of sickness, disability, and chronic illness which there is in these corresponding areas.

Senator PEPPER. Doctor, before you close, let me ask—Senator Millikin, do you have any other questions?

Senator MILLIKIN. No; I do not think so.

Senator PEPPER. Dr. Weber, do you have any?

Dr. WEBER. I would like to ask a question about your clients. Have you kept an adequate record on those clients who were unable to meet their payments to the Government, and have you analyzed the causes of their failure?

Dr. MOTT. We have attempted to secure figures on that point. In the region composed of Minnesota, Wisconsin, and Michigan, from

16 to 20 percent of the complete failures were ascribed to ill health, or the result of sickness.

Dr. WEBER. Let us have that figure again.

Dr. MOTT. In Minnesota, Wisconsin, and Michigan, from 16 to 20 percent of the complete failures, families who could not make a go in the Farm Security program, were ascribed to ill health and the result of sickness, by the local supervisors who reported.

Dr. WEBER. Those that were handicapped, had difficulty—is there any break-down of that kind?

Dr. MOTT. It is very difficult to get; it is very difficult to prepare a formula which will express relative success in this rehabilitation process, and I am afraid we have not been able really to single out the health factor.

Now, we do get countless narrative reports from our supervisors which are filled out in great detail, showing all possible effects that the supervisors can trace that would cause failure to fulfill the obligation on the part of the borrower.

Dr. WEBER. Can you tell us, in the gross, how much increase in farm income has taken place among your clients as a result of Farm Security work?

Dr. MOTT. I do not have those figures available; I have not attempted to memorize them, either.

There has been, in certain areas at least, a rather striking increase in the net worth and the net income of these families with whom we are working. I think the figures this year will show a very notable step-up of production on the part of these families during 1942—a striking increase.

Dr. WEBER. Why is that?

Dr. MOTT. Of course they have been just certain farmers, among other farmers, but perhaps we have had more direct contact with the families than is customary in dealing with other people in the farm population, and have been able thus perhaps to give more direct help and supervision.

Dr. WEBER. Has there been any change in the Farm Security program in the last year in regard to production?

Dr. MOTT. You are putting me just a bit on the spot here, sir; because I am a physician in administrative work, but of course I should be familiar with what is going on.

There have been certain marked changes in the program with particular relation to this whole farm-labor question. I mean, we have made a start this year, just as a start, working out the pattern. We have moved approximately 10,000 farm workers in setting the pattern.

Dr. WEBER. Yes; go ahead, please, sir.

Dr. MOTT. There are differences in approach, in other ways. I mean, we recognize that as of today this farm-manpower situation is an extremely important factor in the war effort, and we realize that a man in the Kentucky hills may be far more useful in replacing a dairy hand in northern Ohio who has gone off to war than he is in his native hills of Kentucky.

A beginning has been made in moving that type of man and we have taken those people, recruited for that service and given them

intensive courses in dairying at the Ohio State University, a 3-week course. They are now working in northern Ohio as dairy hands.

Senator MILLIKIN. Have you had any reports on that, Doctor, as to how it is working out?

Dr. MOTT. Apparently the thing is working out very well, at the recruitment points, and at this training course; all I have heard since then is that these people are actually out on the farms at work.

Senator MILLIKIN. I wondered if you had had any reports from those farms as to their efficiency, that is something that I think is a very interesting experiment.

Senator PEPPER. Yes, indeed; it is quite interesting.

Dr. MOTT. We have had no specific word, but the very fact they are out there on the farms means that the farmers have met them, and want them in their employ, and have signed working agreements with them.

Senator MILLIKIN. Since there has been mention of an example of a farmer from the hills of Kentucky, I was wondering a little bit as to whether their leisurely habits could be adapted to the harder and more continuous work of dairy farming in Ohio, and I was curious to know if you had had any testimony on that.

Dr. WEBER. Off the record.

(Discussion off the record.)

Dr. WEBER. I have no further questions.

Dr. MOTT. May I make one last point about these farm workers, because I think it is of significance.

We found, in moving domestic workers, that there was a great financial loss to the Government if they were not given physical examinations before they were accepted and moved. We had to return quite a few workers from the State of Washington, back to Chicago. We had to return quite a few from up-State New York to New York City, and I think some were returned from New York and Connecticut, back to West Virginia and Kentucky.

We believe that these people should have at least a brief physical examination.

Of course, the dairy workers need not only that, but to be sure that they have no communicable diseases before going into any milkshed areas, and the actual business of getting physical examinations for that number of people through the local physicians again is going to add a tremendous burden.

Senator PEPPER. Well, Dr. Mott, we thank you very much, it has been very helpful to hear from you.

Dr. MOTT. It has been a pleasure, sir.

Senator PEPPER. Since the commencement of these hearings, the committee has received numerous letters bearing on the subject of the hearings. These letters, together with other relevant material, will be made a part of the record, and printed as exhibits thereto. We will recess now until tomorrow morning at 10:30, when we will have an executive session, at which time representatives of the United States Steel will appear in executive session on S. 2871.

(Whereupon, at 5:20 p. m., the committee adjourned until the following day, Thursday, December 17, 1942, at 10:30 a. m.)

LETTERS AND STATEMENTS

I. LETTERS AND STATEMENTS FROM INDIVIDUALS, PHYSICIANS, AND LAY GROUPS

COMMITTEE ON RESEARCH IN MEDICAL ECONOMICS, INC.,
New York, October 29, 1942.

HON. CLAUDE PEPPER,
United States Senate, Washington, D. C.

MY DEAR SENATOR: I read with great interest a press dispatch summarizing the report of your Subcommittee on Manpower problems and referring to the hazardous recruiting of physicians. I have been following this matter closely, and am glad that you are taking it up.

Certainly the Army must have enough doctors but its over-all ratios of doctors to soldiers, and more particularly the demands of its recruiting boards in different areas, have not given enough consideration to civilian needs. Much blame rests upon the feebly administered Procurement and Assignment Service, which has had all the information about the number, distribution, ages, etc., of our doctors, but which has proceeded as if the matter could be handled State-by-State without nationally determined policies which would control the balance of doctors, as between States and as between urban and rural areas within the State.

I am enclosing a copy of a recent editorial in the New York Times which may not have come to your attention, and also an article from this month's Harper's.

As you appreciate, there are two issues, the correlation of military and civilian needs for doctors, and the reallocation of civilian doctors to meet needs, especially of war production areas in which the population has been greatly increased. The lack of doctors, in some of these areas now, is a threat to war production and, in case of epidemics, to national health.

Sincerely yours,

MICHAEL M. DAVIS.

[New York Times editorial, October 19, 1942]

THE MEDICAL EMERGENCY

THE critical shortage of physicians brought about by the demands of the Army and Navy has prompted Paul V. McNutt, Chairman of the War Manpower Commission, to approve what purports to be a plan of action, but which leaves us exactly where we have been these many months. In other words, the Procurement and Assignment Service, little more than a registry of physicians, "accepts the responsibility of ascertaining the needs of the civilian population for medical service and providing the medical personnel to meet them." The Service has no authority, no personnel, and, to judge from its record, no competence to meet any such large responsibility. It can do no more than follow the present absurdly cautious procedure.

Suppose that there is an acute shortage of physicians in some States. Because of State licensing laws the only outside doctor who can be sent in is a uniformed member of the Public Health Service staff. The Public Health Service cannot act spontaneously. It waits until a request is received from the State health authorities. But the State authorities wait for the State medical society to act, and the State medical society for the State and local communities of the Procurement and Assignment Service. The Washington headquarters of the Procurement and Assignment Service also waits, because it cannot give orders to its committees. When at last it has heard from its State branch and at last the State health authorities have acted, the Public Health Service may come to the rescue. Since the committees of the Procurement and Assignment Service are virtually arm of the State and local medical societies, and since doctors, no more than businessmen, encourage competition, it is easy to understand why in one case 4 months elapsed before the Public Health Service could send one of its men to a town in which there was no doctor nearer than 20 miles.

If we are to reduce production losses now traceable to a rising tide of sickness in workroom committees where the population has doubled, tripled, even quintupled, it is plain that the doctors still left must be shuffled about. Industrial organizations and labor unions are helpless because of State licensing laws. We have heard enough of the formula that "whenever possible the civilian needs as determined by these committees should be met through local arrangements,

resources, and agencies." There are no local resources and even no State resources in much of the West and the South. The Public Health Service is the only national organization qualified to deal with the emergency. The time has come for an Executive order or congressional legislation to put the Service in command of the situation for the duration of the war, with full power to act directly.

[Harper's, November 1942.]

THE DOCTOR SHORTAGE—AND HOW TO MEET IT

(Michael M. Davis)

By the time this article appears in print the American people will be sharply aware that there is a nationwide shortage of doctors. A good many people know it already. The 5,400 Americans who have moved to Valparaiso, Fla., since the war began, swelling the hamlet to 10 times its former population, know it whenever any one of them needs a doctor. For there is none within 20 miles, and though State and Federal officials and the State medical society have known the situation for months, up to this writing no doctor has been brought to the town.

Three thousand miles away, on the other edge of the continent, 60,000 persons in Bremerton, Wash., have a hard time getting medical care from 19 doctors. The war has brought 20,000 people to this shipbuilding center since 1940 and taken away nine of its former doctors for the Army.

Back on the east coast, war industry in the outskirts of Baltimore has lifted the population of these suburbs from 155,000 a year ago to 220,000 today. Sixty-five thousand persons, war workers and their families, have poured in, and no doctors came with them. Half a dozen physicians formerly served this suburban area. They can't handle the situation now. To get a doctor to come out from Baltimore means paying a mileage charge as well as a fee—a total of \$15 to \$20 for one visit.

What Valparaiso and Bremerton and Baltimore know now, the whole country will know by Christmas. At this writing no Federal agency has been given authority to deal with this critical situation. But the Government knows about it and officers of the American Medical Association know about it. They know that many communities are faced with calamity in the event of an epidemic. They know that the War Production Board has told the war industries that "sick and injured war production workers lose six million working days a month." Ninety percent of the lost work days are due to general illness, only 10 percent to accidents and diseases arising from the job. Action is needed, and action is still to come.

The principal reasons for the doctor shortage are (1) population shifts because of the attraction of war industry jobs, and (2) the calling up of doctors for service in the armed forces.

In the county in which Pryor, Oklahoma, is situated, there are now 35,000 inhabitants; 13,000 have come in during the past year or so for war jobs. For these 35,000 there are eight physicians, five of them over 60 years of age—one doctor, able-bodied or otherwise, to about 4,300 people; about one-fifth the amount of medical service available to the average American community. A minimum of hospital provision for 35,000 people would be about 120 beds. Pryor has 40 hospital beds in two small institutions (both organized for profit). Only three of the eight physicians have been allowed to treat patients in them. When a tornado struck Pryor last spring, many of the victims had to be taken to hospitals 40 miles away. Suppose an epidemic strikes? Even with no epidemic, what will happen to production curves and to morale when even those who can afford to pay doctors must now wait in long lines to see them?

Valparaiso, Florida, grew from 800 to 6,000 people because a great Army cantonment came near by, bringing the always accompanying stream of soldiers' families and incidental population. These 6,000 people are not like the war-industry workers, actively employed at good wages; many of them can afford to pay little, if anything, for medical care.

To keep men and officers well and provide good care when they are sick or stricken in conflict, the Army wants physicians in quantity—at the rate of six and one-half to every thousand soldiers. Altogether there are 176,000 physicians in this country, of whom over 15,000 have retired because of age; leaving 160,000 net. An Army of 8,000,000 and the Navy will take from 55,000 to 60,000 physicians, or over one-third of all our active doctors and over two-thirds of all those under 45

years. A few physicians over 45 will be used for specialist posts, but not many. Mostly men under 36 are wanted, and of these there are less than 43,000 all told. Before 1943 is over the 125,000,000 civilian men, women, and children of the United States will have only about 100,000 physicians, as against 100,000 before the war, and these 100,000 will include many who are old or partly incapacitated.

What will be the effect on the health of the people? There will be about one doctor to every 1,200 persons instead of about one to every 800 as in normal times. Even this big drop does not necessarily mean health disaster. The Scandinavian countries, for example, have all had fewer doctors than one to 1,200 of population—Sweden far fewer—and their health status has been as good as ours. An overall shortage of doctors for a whole country means less to health than do two other factors: Are the doctors distributed geographically so as to be physically accessible to all the people? And are their services financially accessible to all? In Scandinavia an unsurpassed hospital system and wide spread health insurance plans have made medical facilities and services almost universally available.

But our American physicians and hospitals have located themselves according to economic demand rather than medical need, their distribution among the 3,073 counties of the United States following closely the per capita wealth of the areas. In New York and Chicago and most large cities there has been about one physician to every 500 or 600 persons, whereas rural areas have commonly had fewer than one to 1,500, sometimes fewer than one to 3,000. In several entire States the ratio has been less than one to 1,200.

Now the war is making the situation worse. Some sections, already low in doctors, have been drained disproportionately by the Army. Physicians have been taken away from some war areas during the very months when masses of population were moving in. Paul V. McNutt said in June to the House of Delegates of the American Medical Association:

"The plain fact and conclusion is simply this: 'The Army and Navy and the war industry areas have not got the doctors they need.'"

II

Doctors have not been unwilling to serve. "Hundreds of us," said one physician on the Pacific Coast last summer, "have made all preparations to go, but waited all spring for the expected call."

The Procurement and Assignment Service for Physicians, Dentists, and Veterinarians was set up by Presidential order late in 1941, to "aid and control" the recruiting of these professionals by voluntary enlistment, but this body has been slow-moving and unequal to the task of control. An enormous amount of time was spent in obtaining professional and personal information about every physician in the United States, so as to be able to judge his usefulness for military or civilian work, but no effective organization was set up to deliver the goods. For the delay in recruiting sufficient doctors, confused instructions to physicians were largely responsible. For the uneven selection of doctors, the chief cause was failure to supply the State committees with quotas showing the number of physicians that might wisely be taken from each area. (Such quotas are based on ratios of physicians to population, as well as upon actual numbers of doctors; all the necessary data have been available for years.) A go-along policy was pursued until 1 month after Pearl Harbor. The Procurement and Assignment Service, suggested originally by the American Medical Association, has been practically a governmentally recognized arm of that body. Mr. McNutt in his June speech before the Association criticized the Service bluntly, and added: "The voluntary plan must work and work promptly—or some other more rigorous plan will have to be adopted."

Quotas were issued to the States within a month after that hint. Instructions to physicians were clarified. An increase in medical recruiting has followed. The Army has also taken steps of its own which have expedited this, although they have aggravated the medical shortage in some places. But as this article is written nothing has been done by the Procurement and Assignment Service to meet needs in the war-industrial areas. In a national broadcast in July, the secretary of the Service belittled the need for Federal action. "The State and local committees," he said, "could shift around doctors to localities which needed more physicians. Over a month later an official statement of the Service declared the matter to be "essentially a local problem." Some of the shrewder medical leaders recognize the urgency of the situation, but even they want to avoid or minimize Federal action for fear of an increase in "governmental medicine" which would persist after the war.

It is fair to say that those who planned the Procurement and Assignment Service a year ago were like many other Americans in failing to appreciate the size and pace of war's demands. Conversion of industry from "business as usual" has been slow, too. But it is now clear that the placing of physicians in civilian areas should be in the hands of an administrative agency of the government, with the counsel of groups representing the organized professions. A big, swift job must be done. It must be done under a responsible executive officer, instead of by a committee which feels more responsibility to an outside organization than to the government of which it is nominally a part.

Furthermore, the task is a national task. Supplying doctors to war areas cannot be done by State committees, if only for the reason that some of the States low in doctors before the war are States which now include needy war areas. States, moreover, have provincial views. Public bodies in New York are already complaining of a medical "shortage," although in the national perspective New York is high in doctors and must be a source of supply for places elsewhere. State and local medical groups tend to limit the introduction of doctors "from outside."

The need and the machinery for action have both been demonstrated. Under Surgeon General Thomas Parran the United States Public Health Service has found out the medical, sanitary, and hospital needs of war areas by first-hand field studies. Let us hope that by the time this article is in print the Public Health Service will have been given the long-delayed authority to act as well as study. Should governmental timidity permit a division of responsibility between the Public Health Service and the Procurement and Assignment Agency—a compromise toward which at this writing official medical pressures are exerted—the settlement will be only temporary because it will certainly be ineffective in handling the problem.

III

When this Federal agency goes into action, it must realize the scope of its task. For the job is not merely to assemble a list of doctors who are not needed by the Army and are willing to go to new places, and then to let them pick from a list of places. A doctor who has been in practice in a community sacrifices much if he pulls up stakes. Civilian work, even if undertaken at government request, carries no such prestige as Army or Navy service. The war communities may be temporary and the doctor might become stranded. Some of the physicians already in war areas would extend no welcoming hand. Difficulty would often be found in getting a license to practice, for licenses are all under varying State laws which permit reciprocity in some cases but set up barriers in most.

The job does demand a list of doctors, a national medical pool for civilian service. But actual placement requires a national agency that will arrange for the right number of doctors to go to each place under conditions which are fair to the doctors financially and which enable them to do good work professionally at the minimum expenditure of that very precious commodity, doctor-time.

Where several doctors are needed there must be the right proportion of general physicians, surgeons, and other specialists, counting the men already in the area and the new ones together. The doctors must be given financial assurance for the duration, from the government or some other responsible source. There must be hospitals for the sick and a public-health department to prevent sickness as much as possible. Hospitals can now be built in war areas with Federal aid or existing hospitals enlarged. Thus the task includes the organization of services as well as merely the provision of personnel.

In a poor area like the Florida town government salaries for doctors will be necessary. But in the industrial areas workers employed at fair wages can pay and wish to pay for their medical care. Prepayment plans financed by regular, voluntary pay-roll deductions can make medical care available to them and their families at an annual cost no greater than the average expense which they now incur. Through such plans the sick may seek physicians with the deterrent of a fee and hence obtain care in the early stages of illness, reducing lost working time; and the physicians can be assured of stable and adequate incomes. The expenses may be shared by employers or by government also. The prepayment method in war-industry areas will minimize government appropriations for medical care. The health-insurance principle is now familiar to millions of Americans through hospital and medical plans in communities and industries. The American Medical Association and many of its State societies approve health insurance in principle, and societies in Michigan, California, Oregon, New York, and other States are already participating in it.

It will not be enough, in the new war areas, for the employers to engage doctors who look after accidents and illnesses arising within the plant, and who refer employees with all other illnesses to their "family doctor." In many of the new war areas this referral would be like the invitation to Alice at a famous occasion in "Vonderland":

"Have some wine!" said the Mad Hatter.
 "I don't see any wine," said Alice.
 "There isn't any!" said the Hatter.

Workers as well as employers should be consulted concerning plans for bringing physicians to a locality and arranging for their services; for when the management of a plant has sole charge, the doctors often feel little responsibility to the workers and their families. The Joint Labor-Management Committees now set up in many war industries provide machinery to work out satisfactory policies. The task is one in which the national government must have central responsibility, working in cooperation with the medical profession, industrial management, and organized labor.

Patterns of action along these lines have already been tested in practical operation in many parts of this country, in different forms, each adapted to certain local conditions. Thus, where only a few additional physicians are needed to supplement those already there, the plan could be set up so that every doctor would be entitled to serve if he wished and be paid from the prepayment fund. The Spaulding Industries and other concerns near Binghamton, New York, have been conducting plans of this sort for at least ten years. If the industries are located where good prepayment plans for physicians' services and hospitalization are already established, the employers and workers might utilize these plans. In Oregon the Kaiser shipbuilding company has arranged with the Physicians' Service established by the State Medical Society and the nonprofit, State-wide hospital service plan for "complete medical and hospital care" at a cost to each employee of 60 cents a week, \$30 annually. But the employee's wife and children are not covered, and under the circumstances \$30 a year is a high rate.

Greater efficiency at much less cost can be had by organizing the medical service on the group-practice principle. In areas of medical shortage doctors should cooperate, not compete; they should organize themselves to use office space, hospital facilities, technical personnel in common; they should correlate the work of the general practitioner with that of surgeons and other specialists. Well-organized group practice can save 25 percent of doctor time and yield a high quality of service. Many war industries are suited to just such plans because they are in places where only a few physicians are now available and where most must be imported. Here the prepayment fund would provide salaries for the new physicians, offer salaries on full or part time to those already in the locality, set up a central clinic or medical office building and a hospital if necessary. Several long-established industrial plans of this kind are furnishing complete care for from \$11 to \$25 per year per person.

At the Grand Coulee Dam, group-practice prepayment plans were organized for many thousand workers and their dependents during the peak of construction. Now most of the workers have gone to other industries, especially to the Pacific Coast shipyards. Said one of these men to a recent visitor: "At Grand Coulee we had first-rate medical care whenever we needed it. My wife had a baby while we were there, and it cost us our regular monthly payment, plus \$32 extra, for the whole business. Since we have come to the Coast, one of my wives had a baby in his family and it's cost him \$300. Why can't our shipyards work out something like the Grand Coulee scheme here?"

In some war areas employers and employees will work out their own answer to his question, but in all of the places near Army camps, and in very many of the new industrial sections, the national government must assume responsibility which neither industries, unions, nor local political units are in a position to assume by themselves. The Public Health Service is the permanent arm of the government having responsibility for national health. It has dealt chiefly with preventive service. Now its range should be widened to include responsibility for medical care in war areas. Its powers and its funds must be enlarged for the purpose.

In a great Naval station on the West Coast, the efficient Navy Medical Corps supplies complete medical and hospital service to the informed men wherever they need it. But thirty thousand "contract employees" have also congregated here; and for these workers and their families, doctoring is catch-as-catch-can. "A. I.," said one of the doctors with an office in the neighboring village, whose patients must often wait hours to see him, "we are over-worked and we can't

do all we ought to do for the sick, even though most of the people are in the young and healthy years of life, and even while it's summer, the healthiest time of the year. If something isn't done before winter, or if we should have an epidemic, conditions will be terrible."

It is time to get into action. The Army and Navy must have first call on the doctors they need. The rest of us, and particularly our war workers, should have the most that can be got by apportioning and organizing our health services. In this task our national government should be our servant and leader.

COMMITTEE ON RESEARCH IN MEDICAL ECONOMICS, INC.,
 New York, November 16, 1942.

HON. CLAUDE PEPPER,
 Senate Office Building,
 Washington, D. C.

MY DEAR SENATOR: Enclosed is a letter published in the New York Times today which you may have seen already.

The Procurement and Assignment Service has a record of nonperformance and proceeds upon policies which would make it impossible to meet civilian needs for doctors. Dr. Lahey has more knowledge and more administrative sense than anyone else in that board, but that group and the controlling American Medical Association behind them are hopelessly welded to medicine-as-usual-as-far-and-as-long-as-we-can.

I appreciate that over-all action concerning medical manpower may be tied up with action on the manpower situation in general. Meanwhile it is essential to get some action in the medical field soon, for the situation in many industrial and rural areas will not brook delay. A program can, I think, be developed that need not wait upon larger issues. The Procurement and Assignment Service or any body representing the organized medical profession should be in the picture in an advisory but not in a directive relation over either policy or administration.

Fishbein has certainly stretched himself in intemperate attacks. His charge that certain forces are urging "regimentation" of the medical profession by a Federal agency beyond what the Government has done to "any other profession or trade" is ridiculous when one thinks of the conversions that have already been required of the automobile and other major industries.

You have rendered a great service in bringing the medical situation out of a narrow circle and opening the facts to the whole public.

Sincerely yours,

MICHAEL M. DAVIS.

MEDICAL SITUATION SERIOUS

SHORTAGE OF DOCTORS IN CIVILIAN LIFE HELD IN NEED OF CORRECTION

TO THE EDITOR OF THE NEW YORK TIMES: Your editorials on the shortage of doctors and the controversies aroused by Senator Pepper's committee report prompt me to review our medical situation as it stands today.

Shortages of doctors exist in many places in the United States. The drain is serious because, as Paul V. McNutt and Senator Pepper's committee recently revealed, the Army has exceeded the quotas of many States which were already in ratio of physicians to population, whereas several of the most populous States, with many more doctors in proportion to population, are far under their quotas. As a result of this policy there are acute shortages of doctors in many rural sections and industrial war-production areas in which population has greatly increased.

OBLIGATION TO PUBLIC

The public had a right to expect that doctors would be taken for our armed forces in such a way as to minimize unfavorable civilian effects. This obligation was recognized in October 1941, when the President, by Executive order, created the Procurement and Assignment Service, now responsible to Mr. McNutt as Chairman of the War Manpower Commission. By the terms of the order the Service was to consider both military and civilian medical needs. The Service has been in charge of a board of five persons—the chairman, Dr.

Frank Lahey, president of the American Medical Association at the time of his appointment; three other physicians, one president-elect of the association; and one dentist, representing the American Dental Association.

From the beginning the Service followed the policy of putting primary responsibility upon the States and localities, and appointing State medical chairmen who were usually important officials in the State medical societies. It took up the work, which had been initiated by a committee of the American Medical Association, of collecting information about every physician in the country, to appraise his availability for military or for various civilian services. It had the power to estimate how many physicians could wisely be taken from each State and locality. Quotas were calculated, but not furnished until last June.

The Service had no direct power to keep volunteer doctors out of the Army, but it did have the information with which to forestall uneven and unwise drafts. It could urge the concentration of efforts of Army recruiting boards in the large States that were "long" on doctors. It could have publicized the facts about uneven drafts. It did not take the former step until after the harm had been done.

It never took the second step. Not until Senator Pepper's hearings were the facts brought out.

SITUATION DISADVANTAGEOUS

The policy of the Service is such that the determination of civilian needs for doctors in any place is left to the local doctors, with nominal oversight by the State chairman. The public—even local industries, unions, farmers—has had no representation, although decisions affect its interests acutely. On the national level, policy is settled by a board so closely identified with medicine that the *Journal of the American Medical Association* said editorially on July 25: "The Procurement and Assignment Service for Physicians, Dentists, and Veterinarians was developed to aid the medical profession in determining for itself equitable distribution of medical service during the emergency."

As a result a medical situation disadvantageous to the whole public and especially to war production has been allowed to develop. The public was not told what was happening. The Service, although nominally a governmental body, has shown a sense of responsibility to medicine rather than to the American people. Although civilian medical needs in war-production areas are elsewhere at least recognized as urgent, the Service has defined no procedures of action.

Organized advisory medical opinion should certainly be represented in any program of wartime needs, but we obviously need organization in which public as well as professional representatives determine policy, and under which a national agency is set to work, with authority from and responsibility to the public for prompt and effective performance.

NEW YORK, Nov. 13, 1942.

MICHAEL M. DAVIS.

NEW YORK, N. Y., October 29, 1942.

HON. CLAUDE PEPPER.

United States Senate.

DEAR CLAUDE: Congratulations statement regarding doctors, etc. It is up to Congress to exercise some control over draft and Army. Best regards.

LOUIS BROMFIELD.

ROLAND T. DE HELLEBRANTH, M. D.,
Ventnor, N. J., November 14, 1942.

THE HONORABLE CLAUDE PEPPER,

Chairman, Subcommittee on Manpower, Washington, D. C.

DEAR SENATOR PEPPER: In connection with your recent investigation into the acute shortage of manpower, permit me to submit to you the following data:

When, at a special session of the local medical society, a captain of the United States Medical Corps appeared and suggested to all of us that we ask for a commission, I did so with the other physicians present. After filling out the ques-

tionnaire, I was ordered to Fort Dix for a physical examination on May 22 and again on September 4. Ten days ago I was notified by the Surgeon General that my application for a commission was not favorably considered and that for the time being my services are not required, but will be called upon if I am needed in the future.

On the following day my local draft board (Atlantic County Local Board, No. 3, Municipal Building, Ventnor City) ordered me to report for a preliminary physical examination. At that time they took a blood Wassermann and a few days ago I was informed by the same board that I was classified as 1-A.

I am 41 years of age, was born in Budapest, Hungary, and received my diploma in 1923 from the Royal Hungarian University of Budapest. I came to the United States in 1925, passed my State board examinations in 1926, and obtained a license to practice surgery and medicine in the States of New Jersey and New York in 1927. I became a naturalized citizen in 1932. I have maintained an 11-bed private hospital at my present address since 1927, for surgical, gynecological, and operative-obstetrical cases exclusively. During the past 15 years I have been consulted by almost 8,000 patients, and have performed well over 3,000 major operations with a mortality rate of 2 percent.

I do not belong to any political organizations; neither do I do any political work, as I belong only to the American Medical Association and to the county and State medical societies. I also belong to the Fellowship of Medicine of England, where I lectured in 1933 and 1935 under the auspices of the Royal Academy of Medicine on local and spinal anesthesia and the medical and surgical treatment of gastric and duodenal ulcers in the United States.

The reaction from my patients to my classification was quite pronounced, and evidently a great number of telephone calls, telegrams, and letters in the form of protests and petitions have been sent to the local board, which has become very annoyed with the numerous inquiries and informed some of my patients that I wasn't any different from any other ordinary citizen. When I called the board office, an unidentified voice said: "We have been waiting for you for 5 months, and since the Surgeon General hasn't done anything about you, we will do something." I informed them that I had already asked for a commission but it did not seem to make any difference to them.

I got in touch with Dr. Scott immediately and he sent me a copy of the letter which he sent to the local board in which he asked them to leave me in civil practice, since I can be quite useful to the community. The local board ignored this request and classified me as above mentioned. I feel that the Surgeon General ought to know whether I am needed in the Army or not, and if he doesn't require my services, I can be more useful to the community and to the country as a practicing physician. The radius of my regular patients is about 55 to 60 miles. In this territory a great number of physicians have been called to the Army and many of their patients have come to me.

I asked for a hearing before the local board, but I doubt that they would reclassify me. I got in touch with Dr. Scott again, who suggested that I should not worry too much about the matter, but the critical point is, that even if they do reclassify me later, should I be drafted as a private it would mean closing the hospital and discharging all the employees, and in case I were reclassified I would not be able to get them back again. Not to speak of the large number of maternity cases which are scheduled for as far as next May.

I have not tried to evade military service—that is why I applied for a commission—but I certainly do not feel that I ought to be taken out of civil practice just because the local board wishes to do something about me.

In connection with the Surgeon General's rejection, I mentioned to Dr. Scott that perhaps it was because I am a native of a belligerent country, but he said that since I am a naturalized citizen I cannot be a citizen of a belligerent country, but only of the United States. He seems to think that the reason for my rejection was the hay fever and the mucous colitis with which I have been suffering for the past 5 and 1 year, respectively.

I should very much appreciate your advice as to what steps to take next. I must emphasize that if the Surgeon General should need me and should give me the commission as applied for and as explained to all of us by the above-mentioned captain, I should go without hesitation.

Sincerely yours,

R. T. DE HELLEBRANTH.

Senator PEPPER,

Democrat, from Florida:

Correct you are on the medical-dental situation in this country. The real serious problem is to follow, with no provision for premedical education for 18-year-olds. It is about time somebody realizes potentialities of exhaustion of medical talent in this country and acts.

DR. PAUL H. BENNETT.

COEYMANS, N. Y., October 29, 1942.

Senator PEPPER:

I wish to register with your committee my community, comprising approximately 7,000 people, without medical attention. Am worried about an epidemic.

ED. F. NUTHE,
Supervisor, Town of Coeymans.

BATON ROUGE, LA., October 29, 1942.

Senator CLAUDE PEPPER,

Washington, D. C.

DEAR SIR: Congratulations on your stand in regard to civilian medical care. In spite of alleged shortage of physicians in the armed forces the Eighth Service Command has detailed a first lieutenant of the Medical Corps to this vicinity to take care of a Government warehouse building project.

Local physicians were offered the position on a part-time basis at \$150 per month for approximately 2 hours' work daily. I personally believe that if the salary offer had been raised to that which the lieutenant on duty is receiving physicians would have taken the proposition.

Theoretically the Army must replace this man with another from civilian life. Much of the shortage is due to the Army's inability to properly utilize their medical personnel.

What medical officers in this war have been sent to be trained as auto mechanics and bakers has been brought out in the section on correspondence appearing in Medical Economics, a medical periodical, published in Rutherford, N. J.

Very truly yours,

F. U. DARBY, M. D.

MOUNT CLEMENS, MICH., October 29, 1942.

Senator CLAUDE PEPPER,

Washington, D. C.

DEAR SENATOR PEPPER: It might be pertinent to suggest to the Office of Procurement and Assignment of physicians to the armies, that some of the young men be left at home.

The hasty commissioning of men sans the weight of years of experience into the Medical Corps, and the even more drastic assignment of the middle-aged physician to do 24 hours' of work daily as an "indispensable" at home, is beyond comprehension.

There are many of us who were veterans of the last World War, in good health, able to stand 12 hours of Army routine who are being shunned by the War Department as "overage" and indispensable; we could take over easily and efficiently but frankly, Senator, we can't take the grinding down of day and night calls demanded by the withdrawal of younger men into service.

Our correspondent starts the day at 7:30 a. m., and is through regular work at midnight, after that possibly a few hours sleep broken by maternity and other emergency calls. It is a physical impossibility to continue work without the assistance of younger men in civilian practice.

It is probably "lese majesty" to write criticisms of this sort in time of war, but one does reach the limit of professional endurance and "comes a time" when Army life would be welcomed by the majority of veteran medical officers in this emergency.

After all, we are "the expendables."

Very truly yours,

AUSTIN W. HEINE, M. D.

OCTOBER 29, 1942.

Senator CLAUDE PEPPER,

United States Senate, Washington, D. C.

HONORABLE SIR: It was with utmost interest that I read and reread an article in this morning's paper, concerning itself with a "haphazard recruiting of doctors," which was accredited to you.

At the outset let me tell you that I had been a practicing physician for a period of 13 years, a specialist for 8 years, and had taught both in college and in a post-graduate medical school for a number of years. Likewise to avoid a possible red baiting, let me tell you that for the last 17 years I have been voting a Democratic ticket interposed with an occasional Republican vote here and there; have never voted either for a Communist or a Socialist, because I abhor their foreign political concept; yet I do respect a few of their ideas, some of which have been propounded by our own Democratic Party.

At the post at which I am stationed, we could easily maintain our efficiency with merely 40 percent of our medical staff. As is, I am at my wits end attempting to obtain fiction stories which I haven't read in the last 6 months. My day's actual medical activity is completed within a half hour of concentrated work. A college class of mine is stationed at a nearby post and claims they could easily do without 8 of their 15 doctors. At a third post the doctors are tired of playing cards all day long. And so it goes.

I volunteered for this Army, though I had every reason to believe I would not be drafted. I believed I had a job to do and willingly sacrificed a lucrative specialty practice. I had been more than active in various civic activities, professional organizations, and in writing medical literature. But this man's Army, its direction, and its application as far as medical officers are concerned, to quote the language of the streets, "takes the cake."

The fictitious name and address of this letter is most necessary, for Army reprisals are more than well known; and an investigation of some of our Florida Army stations would cause more than smiles for their inefficiencies, yes, even for their discriminations. Complaints, advice sought, questioning of superior officers brings a shrug and a statement, "This is the Army."

Believe me, sir, I wish it were possible to state facts, but Army reprisals would leave me holding the bag, and there is no such thing as an impartial inspector-general listening to complaints of officers. A few of us would speak with him, but the fear, the fear of the commanding officer does not permit of the time-old American right of seeking redress.

Yours in the spirit of Americanism,

BILL SMITH,
Lieutenant, Medical Corps.

NOVEMBER 14, 1942.

Hon. CLAUDE PEPPER,

United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: It is with much interest that I noted your report as chairman of the Labor Committee on manpower regarding the over enlistment of doctors before their services are actually needed by the armed forces.

Having come from a very active private practice, I have made certain observations since being in the Army Medical Corps that may be useful to you. Please consider this as constructive criticism, for one must realize the magnitude of the task of converting so many doctors from civilian life to the Army Medical Corps. This very fact gives the appearance of an oversupply of doctors who may go several months without assignment to a post where their services as physicians are utilized. For instance, I have been in the Army now for 3 months without having an assignment that would permit me to utilize my medical knowledge and ability. The above situation apparently cannot be helped and more time will be necessary to put doctors into active practice as physicians in the Army.

However, there is one criticism that I would like to offer as a constructive measure. There are entirely too many competent physicians and specialists from the Surgeon General's Office down to the station hospitals who are doing purely administrative and even clerical work. For what was the Medical Administrative Corps designed? Why not utilize many businessmen above 40 for these administrative jobs as the Air Corps has done? This would relieve many doctors in the Army of purely administrative work and thereby reduce somewhat the number required from civil practice.

It is common knowledge among medical men that civilians make the best hospital superintendents. Why should this not hold in the Army? I am speaking, of course, of our hospitals in the zone of the interior and not in the field of operations.

I would suggest that a rapid survey be made of all the general and station hospitals throughout the country to find out just how many physicians are not used as such, and to what extent their places may not be filled with competent men appointed from civilian life to the Medical Administrative Corps. This idea has certainly worked in the Air Corps.

The second suggestion I would make is that the survey mentioned above should determine just how many men physically qualified for active duty and stationed in hospitals may be replaced by men who have conditions disqualifying them from active duty.

I offer the above as suggestions, not as an Army man, but as one who has recently come from civil practice and finds himself in a position to make comparisons and, therefore, constructive criticisms. I hope you will find them of some value.

My own Congressman is the Honorable Estes Kefauver, of Chattanooga, Tenn., who introduced you when you spoke in that city. I was present and agreed with you in every detail. As a courtesy to him I am sending him a copy of this letter.

The "old line" Army Medical Corps is jealous of its prerogatives, so I would not like to have my name mentioned, should the occasion occur.

Respectfully yours,

JACKMAN STATION, MAINE.
October 30, 1942.

SENATOR CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SIR: I have just read the newspaper account of your warnings concerning the present method of recruiting physicians. Circumstances in rural Maine fit exactly into the picture you describe.

The experience of my own community is a case in point. This locality, with a population of 1,300, is isolated by 50 miles of forest in all directions, from the nearest other towns having resident physicians, and I am the only doctor in this area. I am of service age, and it is right and just that I be with the Army if it has need of me; I have been advised by the Medical Officers Recruiting Board that it does need me, and have been "pressed to enlist." There has, however, been absolutely no cooperation given the community in its attempt to supply the people here with other medical care.

State and county officers of the Procurement and Assignment Service, who should function in the matter of assigning physicians, as well as of procuring them, and whose help has been solicited, have made no move to assign another physician to this area; and I know of no instance anywhere, in which the P. A. S. has assigned physicians, ineligible for military service, to civilian practice where needed.

All attempts to fill the need here with an alien physician have been blocked by the State medical licensing board, which will license only American citizens. I understand this situation exists in other States, as well as in Maine. When I leave for the Army * * * and there has been no choice left me in the matter * * * another rural community will be left destitute of all medical care.

There must be some adjustment made, to solve what appears to be a National problem. If P. A. S. has not the power to assign, it must be given this power. States must be enjoined against barring the use of any needed skilled worker, even if alien. And a physician is certainly a much-needed skilled worker. If a civilian medical rationing agency will answer the problem, it should be established at once. Whatever the solution of the problem may be, it must be solved, and that, speedily.

More power to you, both in your dealing with the recruiting agencies, and in basing the business-as-usual policy of the medical groups.

Yours sincerely,

VICTOR L. SZANTON, M. D.

McBRIDE Co.,
Columbus, Ohio, November 21, 1942.

SENATOR CLAUDE PEPPER,
Washington, D. C.

DEAR SENATOR PEPPER: You recently made public a statement along the lines of insufficient medical doctors being left at home to care for the public. Doubtless you are already acquainted with this question in all its details, but merely because the problem is in line with my own work, I would like to put down on paper for you some of the conditions that I personally know about.

In the first place, the American Medical Association, in connection with the Army and Navy, set up an agency to supply doctors for all branches of the service. The American Medical Association is not to be blamed entirely for the condition that exists today. They wanted to get the necessary medical men in the service through voluntary enlistment, which would be in keeping with the high caste of the profession. All, or practically all, the doctors up to age 45 signed these papers, signifying a willingness by doing so, that they would be more necessary for them to practice medicine. Then, of course, many doctors entered the service voluntarily by enlistment, but not enough. Pressure was brought by the agency by various means to get the medicals to enlist and this brought out a good many more. But in the beginning the whole set-up was doomed to cause confusion and inefficiency. And here is why: Voluntary enlistment might bring in 10 doctors from the town of A, where there were only 15 doctors originally. Voluntary enlistment might bring in 2 doctors from the town of B, where there already were only 15 doctors; but both town A and town B were the same size and needed the same number of doctors for civilian care. Thus you have a confusion of doctors left at home, even though the Army and Navy got what they needed. This was democracy at work, and it fails because democracy must have confusion in war, because the people are not set up for war, as we all know, but rather for peace. There was only one chance for it to be done properly, and that was for doctors to be declared in the draft in 1-A up to 45, regardless of how many children they had, but this did not fall in line with the Selective Service Act, for under this act the doctor had the same right to demand exemption as any other person with a family. Not that many of them did, but they knew the facts and consequently those that were not urged in merely sat back and knew they could not be called.

So today we have many towns with no doctors where before there might have been four or two, and other towns where there were formerly two or four, and they are still there. The greatest hardship this will work will be in delivering babies and emergency cases. Calls where a doctor has to be available or the patient may die, and this is what will happen in many instances. There are many of the towns I visit where osteopaths and chiropractors have rented and set up offices in places formerly occupied by medical men, and these osteopaths and chiropractors are violating State laws by dispensing medicines without restrictions. This will bring about another set of conditions that will cause untimely illness and deaths in many instances. This condition does not exist in a wholesale manner, but it does exist, I know that.

Under the agency as it was set up it was supposed to be possible to ask a doctor in a certain town to move from his present location and go where he was more urgently needed, when the situation arose, but so far I know of no more than a very few instances where this has happened. It is doubtful under existing laws if a doctor could be made to move from a town he was in, and had been for years, to another locality where he might be needed worse. I rather think this would be voluntary, and this is not always satisfactory, as you would know. As you know, we all hate regimentation, and we hate doing things we do not want to do, for that is how we live and like to live under a democracy, but sad as it is, it does not make for complete and necessary efficiency in time of war. One would think, however, that the agency could have worked it out under a system whereby the doctors would have been taken by quotas, the same as the fighting men, according to their needs and according to the number of doctors available in all communities. If that system had been followed, it would have been much more expedient, and not only would the service have had the doctors needed, but the medical aid at home could have been spread and kept more expertly where it was needed.

Thanks for your note, and I beg to be

Respectfully yours,

R. R. McBRIDE.

TURPIN & LANE.

Macon, Ga., November 2, 1942.

Hon. CLAUDE PEPPER,
United States Senator,
Washington, D. C.

MY DEAR SENATOR PEPPER: I was very much interested in the newspaper and radio account of your effort to protect our civilian population from the unnecessary taking of an unduly large number of doctors by the armed forces. My own particular interest in the matter is made very keen by virtue of the fact that I am chairman of the Macon Hospital Commission and have had opportunity to observe the unfortunately harmful effect of taking the doctors from us.

It is trite to say that we all know the armed forces should come first, and none of us want to hold back anything from them. Nevertheless the health of the civilian population must be considered, and so far I do not think sufficient consideration has been given this.

Furthermore, I have been amazed at the difference in the proportion of doctors furnished by our Southern States and the Northern and Eastern ones. If those States furnish the doctors who are needed until their percentage is anywhere equal to that of the Southern States, we will not be bothered for a long time to come. The American Medical Association Journal has had some very frank statements with respect to this part of the problem.

The purpose of this letter is to express my very great appreciation for what you have already done along this line and to venture to urge you to keep up the fight. It is of the utmost importance to the general welfare.

Respectfully,

WILLIAM C. TURPIN, JR.

BROOKLYN, N. Y., November 14, 1942.

MR. HAZEL M. DAVIS,
Editor of *Harper's Magazine*,
New York City.

DEAR MR. DAVIS: For the past 2 years I have been thinking of relocating, but no opportunity presented itself. After reading your articles in the New Republic and Harper's Magazine, I communicated with the United States Public Health Service. They directed me to the chairman of the Procurement and Assignment.

I wrote to the Procurement and Assignment of Maryland and Virginia. From Maryland I received no reply. Dr. Froust, chairman of the Procurement and Assignment of Virginia, referred me to Dr. Julian Rawls, of Norfolk. Dr. Rawls replied that "we are a little short of doctors who are willing to make house calls, particularly at night. If you are willing to do that type of work, I think there would be an opportunity to do it here." Naturally, I do not intend to move to an area where there is supposed to be a shortage of physicians, only to do night calls by the grace of the local physician. I have the letters on file; if you want them, I will be glad to send them to you.

I am still anxious to relocate, but would like to know how I can find a suitable location, if the United States Public Health Service can't help and the Procurement and Assignment won't.

Very truly yours,

H. L. FRIEDMAN.

P. S.—In various places that I have been visiting, I found that the local physicians are against anyone else locating there, and the hospitals are closed to newcomers. This, I know, is no news to you.

CHARLES LYMAN LOFFLER, M. D.,
Chicago, November 30, 1942.

Senator CLAUDE PEPPER,
United States Senate Building, Washington, D. C.

MY DEAR SENATOR: I want to commend you for your action in placing before the subcommittee of the Senate Fishbein's advertisement capitalizing on the shortage of doctors in the sale of his quick book on home remedies. I was pleased to note that the press gave your remarks the deserved favorable publicity. A man, such as Fishbein, who would stoop to such tactics in his greed for money, evi-

dences a low order of morals. His actions are all the more reprehensible because of his assumed position as dictator of the ethics of the entire membership of the American Medical Association.

You probably would not be so surprised with Fishbein's actions in this instance were you familiar with his history and background. May I suggest that you secure from the Library of Congress a book entitled "Medical Mussolini" and read the chapter Scrapbook Doctor. The chapter, Shakedown, will also be enlightening, especially the reference on page 88, showing how he tried to shake down the King's Molemm Co., and, in failing, destroyed the company. This company was owned by the present Congressman from California, Harry R. Sheppard. A phone call to Congressman Sheppard will confirm the facts set forth.

I am enclosing a reprint from the Illinois State Medical Journal of December 1922 which will prove to everyone that there has not been an American medical association for over 20 years, but instead a Fishbein monopoly of the medical profession, with complete control of all moneys received and expended, entirely in the hands of Fishbein. The author of this article was quickly silenced by the usual methods of threat of reprisals and expulsion from the association.

It is difficult to understand how a man can have the effrontery to call himself a doctor of medicine and extol himself as an authority on all medical problems, who, by the record, secured his Illinois State physician's license in spite of the fact that his grade was but 48 percent in the basic subject—atomy. This may account for the fact that he never practiced; not possessing the necessary qualifications, he lacked the intellectual fortitude to practice on patients.

The scientific body originally founded as the American Medical Association was one of high purpose, interested in the profession as well as the public. The abortion of this wonderful body by Fishbein and his predecessor, George H. Simmons, has brought down the condemnation of 95 percent of the members of the profession, few of whom, from fear of reprisals, have the courage to come out in front and fight the dictator.

It is the writer's opinion that if the Government desires to perform a service to the public, it should expose and eliminate Fishbein and help the doctors reestablish the original principles of the society. This would be welcomed by both patient and doctor, and would also avoid the necessity of adopting the foreign philosophy of State medicine, with its many proven shortcomings.

I am sending a copy of this letter to Assistant Attorney General Thurman Arnold, hoping it will give him a new line of approach and assist in correcting the many abuses of the society complained of, which are products of Fishbein's handiwork.

Cordially yours,

DR. CHARLES LYMAN LOFFLER.

P. S.—If you cannot secure a copy of Medical Mussolini from the Library of Congress, I am sure you can get a copy from Morris A. Beulle, the author, Carpenter Building, 1003 K Street NW.

MILWAUKEE, WIS., December 3, 1942.

Hon. CLAUDE PEPPER,
Senator, United States Senate,
Committee on Education and Labor, Washington, D. C.

DEAR SIR: The other day in a booklet entitled "Medical Economics" for November 1942, I observed references to your remarks to the American Medical Association and to the editor, Dr. Fishbein of the American Medical Journal.

For the past 2½ years I have had an attorney by the name of Wentworth Durant of Milwaukee who was very interested in my case to help me to get my license to practice medicine and surgery in the State of Wisconsin, and up to the present time we have not succeeded. I am therefore taking the liberty in writing to you to help me.

Sometime ago I made an application locally for an appointment for a commission in the Medical Corps in the United States Army. In reply I received a letter, copy of which I herewith enclose, and find it difficult to understand, unless the meaning of the word essential is distorted; my services are definitely available and I have been very anxious to enter the Army Medical Corps.

¹ Held in committee files.

an enclosing copies of letter written by Mr. Durant to Hon. Julius P. Heil, Governor of the State of Wisconsin, and to Mr. Paul V. McNutt, Washington, D. C. I hope that you will be able to give me a hand in my desperate effort to obtain recognition. I assure you it will be deeply appreciated.

Respectfully yours

WM. V. DUBIN, M. D.

JULY 14, 1941.

HON. JULIUS P. HEIL,
Governor of the State of Wisconsin.

Re Dr. William V. Dubin.

DEAR SIR: Yesterday afternoon, when I saw you for a moment, you told me that you were having a conference with the new medical board at 10 o'clock Tuesday morning and suggested I get you something to look over at that time with regard to the above-captioned matter. I want to be as brief as possible, but this matter has continued for over 14 years and it is difficult to condense all such matters into one short note.

Dr. Dubin, in his earlier years, while a student at Marquette University, had some difficulty with the authorities and was discharged. He made every effort to go to a class A medical school after that but in each instance found that it was impossible because Marquette University made it a point to notify each university he applied to of his difficulty. As a necessary result, he attended Hahnemann Medical College, a class B school, attended a Chicago medical college for quite some time, and then finally received a diploma from the St. Louis Physicians and Surgeons, definitely a class C school, and known as a diploma mill.

He then applied to the Wisconsin Medical Board of Examiners for permission to take the examinations. He was refused, and the refusal was based upon the ground that he had attended a class C school and stated that if he attended a class A school he would be permitted to take the examination. I have verified the original of this letter. It is not contained, so far as I can observe, in the records of the medical board. He attended, then, the University of Wurzburg in Germany, from which he was duly graduated, given the degree of doctor of medicine cum laude. He then again applied to take the examination in Wisconsin and I did so on numerous occasions.

It became apparent to him, after a number of unsuccessful attempts, that he was being discriminated against. He made many rash statements to different members of the board, made silly threats and things of that kind, and only got himself further embroiled. He was very foolish, but he was getting rather desperate. On taking his examinations at different times, if the results of his work were observed, it would be easy to see that something was wrong, because whereas, on one occasion he would receive a fine mark on a particular subject, on a subsequent examination he would receive a very poor mark.

In 1934 he wrote the examination for the last time. Dr. Henry Gramling, whom I will refer to later, examined him in the subject of roentgenology. In all of his subjects, by the computation which he received from the board, he averaged 74.3. The present records of the medical board indicate to the contrary, but I have been informed publicly by one of the members of the last board, who was also a member of the board at the time he took the examination, that this was the truth. Dr. Gramling flunked him with a 40 in roentgenology.

Dr. Dubin then made an application to take a reexamination in roentgenology, which was in accordance with the practice of the board. This permission was granted and he went to Green Bay to take this examination. At that time he was required to sign a waiver whereby the board was not compelled to correct his paper until they had again satisfied themselves that his degree from the University of Wurzburg was bona fide. Dubin wrote the examination and, fortunately for him, prepared a written copy of his questions and answers made at that time in the presence of the examining members of the board. As he left the examination room he gave the original to Dr. Gramling and the copy to Dr. T. J. Sheely. Subsequently, and only through the activities of some of his enemies, his degree at the University of Wurzburg was revoked. Dr. Gramling then refused to grade the paper. He spent many weary months, through the then consular department, in an effort to have his degree established, and this was done without any equivocation on the part of the medical faculty of the University of Wurzburg.

At this time Mr. Hubert Wolfe, an attorney in Milwaukee, interested himself on Dr. Dubin's behalf, and in the files of the board there can be observed a letter from J. E. Finegan, then attorney general, to Mr. Wolfe, dated October 13, 1934, which states that upon verification of Dr. Dubin's credentials without any question this latter examination in roentgenology would be corrected. However, upon this verification Dr. Henry Gramling absolutely refused to examine this paper, so he says.

Dubin then, in a desperate effort to gain consideration, sought to mandamus the medical board to compel them to correct this examination. The action was ill-advised, without doubt, and the circuit court in Dane County and the supreme court in Wisconsin held that this was purely a discretionary matter with the board and the mandamus would not lie. They did not, however, have before them the question of Dubin's qualifications or his right to take the examination. This effort was disastrous for Dubin because, at every subsequent effort he made, they would point to the action of the supreme court, which in effect actually decided nothing as regards Dubin. It decided only he couldn't mandamus the board.

Since that time Dubin has sought every means he could to obtain a license which he should rightfully have and has spent some 14 years literally beating his brains out against what has seemed to be insurmountable odds.

Dr. Dubin came to me last year, through channels which I have disclosed to you, and I have wanted sincerely to help him. When he told me his experiences I asked him quite frankly if he didn't think his difficulties had affected his mind, because it was almost impossible for me to believe such things could be true.

Dr. Dubin then went to see Your Excellency and you were kind enough to write a letter to Dr. Shutter, the secretary of the board, asking him that he investigate the matter. Dr. Shutter wrote a letter then to you, which I have seen, and which indicated that he had no liking for Dubin or the entire situation. I then went to discuss the matter with Dr. Shutter, who sent me to see Dr. Henry Gramling. I talked this over with Dr. Gramling and Dr. Gramling told me quite candidly that he had deliberately flunked Dubin in his examination, regardless of the qualities of the examination, because he felt that Dubin should not have a license. This attitude of Dr. Gramling and his vicious dislike for Dr. Dubin as an individual are borne out by a general perusal of the records of the medical board.

Meanwhile I asked Dr. Gramling, as Dr. Shutter suggested, for the original of Dubin's examination taken at Green Bay, and he said that he had destroyed it. I then returned to Dr. Shutter and told him the story. He said then nothing could be done about it, since the examination was destroyed and I called to his attention a letter written to him by Dr. E. J. Sheely, who had referred to, stating that he was sending therewith a copy of the examination Dubin wrote at Green Bay, which he saw Dubin make in his presence at the time of taking the examination and it was turned over to him at the conclusion of the examination. The result was that the board now has in its possession an exact authenticated copy of the examination that Dubin wrote at Green Bay.

Subsequently I requested that I be permitted to discuss the matter with the medical board at large. This privilege was given, but prior to the date of the meeting I requested permission to examine the records of the board so that I could speak at least halfway intelligently. I did not have an opportunity to examine these records prior to my meeting with the board. I discussed this matter before the board and it was perfectly obvious that a number of those present were favorably inclined toward Dubin. Nothing was done, however, but I was given permission to examine the records of the board and then report to the members of the board as to what my investigation disclosed.

Among other things, I found a letter addressed to Dr. Henry J. Gramling from Dr. T. J. Sheely, whom I have referred to before, and a copy of which I have prepared from my own pencilled copy and an enclosing to give Your Excellency some of the color of the feelings running through the board at this time. I was told the other day that the records of the medical board relating to Dr. Dubin were all in the hands of Dr. Gramling for a period of 2 to 3 years, somewhat around the time of the last examination—I believe around 1934. The secretary to the board, the young lady who takes care of the office, informed me that she tried for 3 years to get these records from Dr. Gramling and was told consistently that they had been disposed of. She said that finally, when some other papers were sent down to their office from Dr. Gramling's office, such records as remain of the Dubin records were inadvertently enclosed. These are the records which the board has of the Dubin case.

I have available to me the originals of some letters written to Dr. Dublin. Copies of these are not presently with the records of the board, and it is obvious that they must have been taken out and destroyed by someone.

It is difficult to believe that a man can get himself so disliked that he can thus be frustrated in his life's ambition over a period of 14 years by such petty politics as the board has so obviously indulged in, but the discussion I had with Dr. Gammeling has led me inescapably in the conclusion that that is exactly what happened. The fact that he failed to produce these records adds weight to it, as does his statement that he destroyed Dublin's original examination, but a perusal of the letter I enclose, addressed to him by Dr. Sheehy, absolutely clinches the argument.

That such a thing should happen in this so-called enlightened day and age in this State is hardly to be believed. We have almost again another Dreyfus affair. Dublin may not have a delightful personality—he has made enemies—but it seems to me, and I am sure it does to Your Excellency, that the granting of a license to practice medicine should not be subject to the individual whims or dislikes of some bigoted and prejudiced members of the board.

When I discussed this matter with the members of the last medical board in June there seemed to be some worry in their minds that even if Dublin had passed the examination he would be unable, at the present time, having been inactive for some 7 years, to engage in practice. I told them then, as I say now, that Dr. Dublin is willing, if such be necessary, and, in fact, intends of his own volition to enter a hospital and spend the time necessary to brush up on his profession and thus truly qualify himself to practice medicine. There is in existence a report of the American Medical Association bitterly castigating Dr. Dublin. Many things have been said by men who normally would not say such things about this man, but in each instance I have satisfied myself that it was based upon lack of information, misinformation, or deliberate misrepresentation.

This matter has gone on too long. It is of too serious consequences to an unfortunate individual. Regardless of what the American Medical Association may have said, and their statement is wholly untrue, Dr. Dublin is entitled to receive a license and entitled to practice medicine.

I have accepted no compensation from Dublin, and I ask none. I want only to help this poor individual. I sincerely hope that I will be given a further opportunity either to discuss this matter or to lay before Your Excellency or the board the contents of the records of the board, deleted as they are, and such other evidence as I have obtained in my investigation.

I assure you that a frank consideration of all the facts involved will convince Your Excellency, as it has me, that this man has been outrageously put upon and that this matter should be corrected at once.

Very respectfully yours,

July 28, 1942.

MR. PAUL V. MCNETT,

Administrator, Federal Security Agency,

Social Security Building, Washington, D. C.

DEAR SIR: The other day in a booklet entitled "Medical Economics" for July 1942, I observed reference to your remarks at the American Medical Association convention.

For the past 2 years I have been representing a man by the name of Dr. W. V. Dublin, of Milwaukee, who has spent some 10 years in an effort to obtain a license to practice medicine in the State of Wisconsin.

Dr. Dublin, shortly after his discharge from the Army in the last war, entered Marquette Medical School and in his sophomore year of medicine became embroiled with the faculty of the university. He left the school and subsequently attained his education in various medical schools around this country. After graduation he applied to the Wisconsin State Board of Medical Examiners for examination and at that time was told his credentials were not sufficient and that if he would spend a year at a class A school he would be accepted. Inasmuch as Marquette University blocked his entrance in almost every medical school in this country, he went to Germany and spent a year, taking the final examinations designated there as the "Rigorosums" and was graduated cum laude. From then on the history of his case is unbelievable.

During those years the local State medical board was so druncheoned with fraud and chicanery that almost anything could happen. However, he made appli-

cations to take his examinations and was accepted to write them. He took the examinations a number of times but in each instance some individual member would fail him in some subject, which would make it impossible for him to get by. Finally he wrote an examination which was conditionally successful and, pursuant to our State statute, was permitted to write a reexamination in one subject, this being roentgenology. He wrote this examination, but in the meantime some of the local talent managed somehow to have his degree from Marquette University of Wartberg revoked, and for this reason the particular member who had charge of correcting this examination I refer to, refused to correct the paper. After some 2 years and much effort on the part of the State Department, the degree was reinstated and his status as a graduate of that university was confirmed. In spite of this, this particular individual refused to grade the paper and, with apparently no other recourse, Dr. Dublin commenced an action for mandamus which ultimately reached the Supreme Court of the State of Wisconsin. The supreme court decided mandamus would not lie to a discretionary board, but at that time he was in no position to show what a wretched condition existed with regard to the medical examining board. As to this latter, I have definite and positive information or I wouldn't go so far as to write to you.

While our board has changed its personnel, the men who now compose the board and who know nothing personally with regard to the Dublin case, can be imagined, hide themselves behind a cloak of self-righteousness and insist upon maintaining the attitude of the previous board. I have rather definite information that this is engendered by the enemies he created at Marquette. Of course, this is of no real concern to you. The fact is, however, that from close observation of all of the facts in the Dublin case up to the present time, I know the man is qualified to practice medicine.

While, individually, the man is not of any political significance here in Wisconsin, innocently and inadvertently he has built up such a mountain of enemies that his case has assumed an importance all out of proportion to the true state of affairs.

Dr. Dublin became a citizen about the time of the last war and wants to serve in the Army. On my suggestion he made application for a commission and took his examination, submitting his credentials so that he might be enrolled in the Army Medical Corps.

This might seem all right on the face of it, but years ago, I am given to understand, Marquette University furnished the American Medical Association with information relative to Dr. Dublin, practically all of which was untrue, and without any investigation into the true state of affairs, the American Medical Association published a brochure of Dr. Dublin which contains the various lies and calumnies that have always been raised against him when it came to a question of his practicing medicine or obtaining a license.

It appears that the American Medical Association is again riding in the saddle and is now called upon to determine who may and who may not enter the Army Medical Corps. If they are to be the final arbiters, there is no question that this avenue likewise is blocked out, but here is a man, a graduate with honors from a recognized medical school of Germany, who is not only capable and willing to serve in the Army Medical Corps but would be willing to sacrifice almost anything in an effort to vindicate himself from a multitude of lies and vilifications wholly unfounded in fact.

If the need for medical men is so great as has been indicated, what a waste of talent it is to permit this case to stand as it is, and it does seem there must be some way to surmount the petty politics and penny-ante antics of our local medical board.

I can see the position of the present medical board, all of whom I believe to be honest and sincere men, and the position of the American Medical Association. They have made a mistake which would make them look ridiculous to correct it and, logically enough, they figure it is much less expensive for them to make this man the scapegoat, but in times such as these I think it is too expensive an indulgence.

Dr. Dublin is now asking only an opportunity to assist the country in its present great effort and to that end to utilize the qualifications he has spent so many years in acquiring.

I sincerely hope that you will not think that I am a crackpot and that you will not be overly impressed with whatever attitude may be exhibited by the American Medical Association or our local officials. I have examined the facts; I know the truth and they are wrong in their attitude.

If you have any suggestion to offer, whatever, as to how this man can acquire recognition in the Medical Corps, I assure you it will be deeply appreciated.

Respectfully yours,

HEADQUARTERS, MEDICAL DEPARTMENT OFFICERS

REGIMENTAL BOARD OF WISCONSIN,

Milwaukee, Wis., August 21, 1942.

WILLIAM V. DUBIN, M. D.,

Milwaukee, Wis.

DEAR DR. DUBIN: As per our conversation of today, relative to your appointment in the Medical Corps, Army of the United States, you are hereby notified that you have been classified as an essential physician by the Wisconsin State chairman, procurement and assignment service.

In view of the above, this office may not further process your application. However, should you later be classified as an available physician, we will continue to process your application.

Your patriotic desire and willingness to serve in the armed forces of the United States is greatly appreciated and has been made a matter of record.

Sincerely,

ANORA A. MILLER,

Lieutenant Colonel, Infantry,

Senior Member.

BALTIMORE, Md.

DEAR MR. LAMB: We who are writing this letter live in a place called Armistead Gardens, just inside the city limits of Baltimore. We were asked to write you, since you could tell Senator Pepper's committee about our problem, by Dr. Michael Davis.

All of us who live here are families of workers at either Martin's aircraft plant or Bethlehem Steel & Shipbuilding plant. Most of us are connected with Martin's, which is about 11 miles away from here, and Bethlehem is a little farther than that. The big majority living in Armistead Gardens come from outside Baltimore. It was recently built by the Federal Housing Authority and has 15,000 units, and will hold 7,000 people when it is through. All but 300 houses are finished and occupied. Forty percent of the people here are children under 16 years old.

The only people who take care of us are one doctor who lives in the Gardens and another who spends about one-fourth of his time with us. The rest of the time he is a plant doctor at Martin's. We feel that the stories we are telling you in this letter will prove to you that we need more doctors and that there should be more hospitals where we could go if it is necessary.

The things we are going to tell you have happened to us in the last 9 months. It seems that almost everybody has had something like this happen to him at one time and another, and that especially on week ends. Everybody agrees it is the wrong time to get sick, because it's so hard to get a doctor.

One of us, Mrs. Barto, tells about her four children in February 1942. At that time there was a sudden epidemic of measles and all four of her children got them at once. One of them had a temperature of 103 and the others had a temperature of 102. They tried in vain to get the doctor living on the premises and also a city physician, but no one could get there because they were already so busy. They were better the next day, so she didn't call any more. In April chickenpox spread the same way, and all her children came down with it at the same time. The fevers were at the same height and even though she tried again many times to get a doctor she was unable. So all her children went through both of these diseases and were not seen once by a doctor or a nurse, even though they had fevers. There aren't any quarantine signs up at any time in Armistead Gardens and children who have diseases can run around just like healthy ones. A public health nurse comes around occasionally, but this is not often.

One of us, Mrs. Athey, says her baby son had a sore throat and a bad ear infection in February this year, and it turned into a meningitis. The baby got very bad, delirious, with his head drawn away back, and with a fever of 106. The baby was taken to one of the Baltimore hospitals, but they didn't have room. Five hospitals were called and no one could let the baby in. Finally a very important baby specialist in Baltimore got her into Spaulding Hospital in a very serious condition. The baby nearly died, the doctors said, but she got well after 3 weeks in there.

One of us, Mrs. Nelson, suffered from gall-bladder attacks. At times, she had very severe pains that caused her to double up for hours. One evening, on April 25, 1942, she got one of the worst attacks, and her husband couldn't get a doctor for 6 hours. Then he finally had to call the fire department for an ambulance to take her to a hospital to relieve her suffering because he couldn't get a doctor.

This shows that we need more doctors and more hospitals to take care of the people in Armistead Gardens, and other people living nearby have been having the same trouble. It's very hard to get into a hospital to have a baby, but you can't count on the doctor to get there if you have it at home since he's so busy. We have many more examples from our own lives and also from others here in Armistead Gardens. If an epidemic should break out it would be even more impossible for the doctors to take care of all of us, and there would be no room in Baltimore hospitals to put us up. We're always living in the danger that if a serious emergency should happen to any of us the difficulty in getting a doctor might make the difference between life and death.

Because of all this we would like the opportunity to come to Washington to tell our story to Senator Pepper and his committee. If that is impossible we could write all these things out and send it to him. We know others are having this trouble too and something should be done about it.

Sincerely yours,

Mrs. LOUIS BARTO.

Mrs. ELIZABETH ATHEY.

Mrs. LILLIAN NELSON.

Mrs. LORETTA HILL.

Mrs. WILLIAM WILSON.

P. S.—Please send any answer to Mr. William Wilson at 5343 Wright Avenue in Armistead Gardens, Baltimore City. Thank you.

ARMISTEAD GARDENS, Baltimore, Md.

Senator PEPPER,

Chairman, Subcommittee on Manpower,

Senate Committee on Education and Labor.

DEAR SIR: About 1 month ago some of the residents of the Armistead Gardens wrote to your committee complaining about how inadequate our health services were. Since that time, we have decided to form an association of residents, called the Armistead Gardens Civic Club. One of the most important jobs to do was to solve the problem of the shortage of medical care.

Our program is as follows: If doctors are scarce and hard to get, we must try to fill in the gap, at least in part, by health education and by preventing illness through early discovery.

Accordingly, we have asked the city health department and department of child hygiene to give us a series of health talks. This has now been arranged for and will be given in our community house after the new year. The talks will cover child care, nutrition, and venereal disease.

We have asked the United States Public Health Service to take X-rays of all the residents here in order to discover all cases of tuberculosis. The Public Health Service is considering the project now, and we will hear soon if they can do this for us.

Our club now has a bulletin which we circulate, advertising our program. As we grow, we will urge all vaccinations which are considered advisable by the health department. It will also publish a list of all the doctors living nearby in Baltimore, who are close enough to take calls in case the doctor living on the grounds cannot come.

Through the activity of one of our members, a new doctor has applied for space to practice in Armistead Gardens and has asked our club to speak in her behalf.

This program is only a start. There are many more problems. So far, all the initiative has come from us. We are asking your committee to help us achieve a higher level of health to meet the war needs by allotting us our share of doctors. The health of defense workers must be protected if we are to avoid cheating our boys at the front of sorely needed bombers and ships. Illness is the biggest cause of absenteeism, and no one is helping us decrease this. Remember, a chain is as strong as its weakest link.

Respectfully,

WILLIAM WILSON,

Chairman, Armistead Gardens Civic Club.

DUKE UNIVERSITY,

Durham, N. C., October 29, 1942.

SENATOR CLAUDE PEPPER,

Senate of the United States, Washington, D. C.

DEAR SENATOR PEPPER: There is unquestionably much that is just in your criticism of the unpromising way in which doctors have been taken into the Army. Whether it was possible to do otherwise I am not in a position to know. I do know that many rural physicians have found the prospect of life in the Army more attractive than the drudgery of country practice.

There is one serious aspect of this question which probably has not been called to your attention. There is a growing disposition among Army people to minimize the need of adequate medical school instruction of students who will soon be doctors in the Army. I am told that many Army people are inclined to disregard entirely the advice of experts in medical education and are quite willing to reduce the facilities of medical schools to the point where adequate training of young men cannot be given. I feel sure that you have access to physicians of national repute, such as Dr. James Paullin, president of the American Medical Association, and it would be rendering a real service to the future physicians of our country if you could have a talk with Dr. Paullin in regard to this very matter.

My own interest in this question is impersonal. I am 59 years of age and served throughout the last war as a lieutenant colonel in command of a base hospital in France.

Sincerely yours,

FREDERIC M. HAYES,
Professor of Medicine.

II. LETTERS FROM REFUGEE AND ALIEN PHYSICIANS

HERRIN, ILL., November 24, 1942.

HON. CLAUDE PEPPER,

United States Senate, Washington, D. C.

MY DEAR SENATOR PEPPER: I am taking the liberty of sending you enclosed copy of a letter addressed to the President, because I am confident that you as chairman of the Committee on Education and Labor will be interested in the Surgeon General's decision in my case, a copy of which is attached.

You will understand that I cannot, with self-respect, consider the matter of my active participation in the fight for freedom closed, as the letter from the Surgeon General's office stated. It cannot be closed when my loyalty to the United States is impugned and my character and reputation as physician thereby damaged.

Prominent citizens here and elsewhere who tried to help me seemed to feel stymied by the independent position the War Department has in the selection of its personnel. I am doubtful that the President will have the time to consider my appeal, but I have faith enough in the processes of democracy to hope that the injustice done to me can be corrected, if my appeal comes to the attention of the right man.

If you believe that the decision in my case infringes upon the civil rights guaranteed by the Constitution will you please use your influence that I am not given the run-around?

Very respectfully yours,

H. G. ECKMAN, M. D.

HERRIN, ILL., November 10, 1942.

THE PRESIDENT OF THE UNITED STATES,

The White House, Washington, D. C.

DEAR MR. PRESIDENT: I address this letter to you fully aware that your time is precious; but I feel so deeply that I have been done an injustice that I must appeal my case to you as the final authority.

I am a practicing physician, 32 years old. I was born in Germany, came to this country in 1936, and have been a naturalized citizen since December 1940.

In February 1942 I applied for a commission in the Medical Corps, Army of the United States. I supplied all the documents required of me. On June 12 I received an official notice to expect my orders shortly. I made preparations to close my office. Months passed, but the orders did not come. Finally, after I

had requested clarification of my status, came the letter of October 14, a copy of which I have enclosed.

I find it difficult to express the hurt and indignation which this letter has caused me. I am an American citizen, and became one only after an exhaustive investigation into my character, background, and conviction in the principles of Americanism. Yet I am refused a commission in the Army of the United States because of "relatives of near birth being presently located in enemy territory."

Since it was to be expected that I would have some near relatives in Germany, I am surprised that the Army finally decided I was not acceptable for that reason. I have heard of many officers of the United States Army who have relatives in enemy territory, some even brothers in enemy armies; but no one would dare to question the loyalty of these officers. The "relatives of near birth" the letter refers to is apparently my mother, my father being dead, and my brother and sister living in this hemisphere. My mother had her passage booked for America when war broke out. It now takes between 3 and 4 months before a Red Cross message from her can reach me. The last one I received was mailed in July. Who can say whether by this time any of my near or distant relatives is still alive?

Of all the arguments that crowd to mind against the Surgeon General's ruling, I should like to put forth this one only: What is the difference between having a mother in enemy territory, virtually a prisoner of the Nazis, and having a brother or son or other near relative who is being held a prisoner of war by the same enemy? Does it follow that the father or brother of a prisoner of war thereby becomes unjustifiable material for an officer's commission in the Army of the United States? If the Surgeon General's theory held water, this would be the logical conclusion. There are many American citizens who, like me, have loved ones in enemy territory, but, thank God, they know that the only way of redeeming these loved ones is by ruthlessly exterminating the regime that had made them prisoners.

I would have thought that today, when the truths for which we are so bitterly fighting are apparent to all, no one would find it unjustified that a man whose family has been torn apart and partially destroyed by fascism should be without doubt a good fighter for democracy. I do not understand what fantastic set of circumstances is conceived, under which I might be tempted, out of regard for my mother's welfare, to betray the interests of the United States. If there were such a probability, I should not have been granted citizenship; but either because there is so little actual evidence to bolster this theory or because I was known to be both strong and honest enough to withstand such temptations, I was granted citizenship.

I am of the opinion, therefore, that denial of my application for a commission on the grounds set forth by the Surgeon General in the letter of October 14 is an act of discrimination; that my loyalty to the United States Government is impugned and an unjustified suspicion cast upon my character and reputation. This is most serious.

I ask you, sir, in the name of truth and justice, to review my case in your capacity as Commander in Chief of the armed forces. I lay it before you with the conviction that, although it concerns only one man, it is not unrelated to the desire which inspires most men—to be allowed to do their best for their country.

Very respectfully yours,

H. G. ECKMAN, M. D.

WAR DEPARTMENT,
SERVICES OF SUPPLY,
OFFICE OF THE SURGEON GENERAL,
Washington, October 14, 1942.

DR. HENRY G. ECKMAN,

Herrin, Ill.

DEAR DR. ECKMAN: Reference is made to your application for commission in the Medical Corps, Army of the United States, plus our previous correspondence and your telegram of inquiry concerning the status of your application.

The Surgeon General directs me to inform you that it will be impossible under the present circumstances for us to recommend that you be commissioned as a medical officer in the Army of the United States. It is felt that under the circumstances of your relatives of near birth being presently located in enemy territory that such a recommendation would not be justified. I regret that this action must be final and, insofar as this Department is concerned, our action in your behalf is closed.

Needless to say, we regret any inconvenience that has been caused your person in this matter and appreciate your original patriotic offer.

Sincerely yours,

DURWARD G. HALL,
Lieutenant Colonel, Medical Corps,
Assistant.

DR. NATE IZBICKY,
Oregon, U.S., November 23, 1942.

SENATOR CLAUDE PEPPER,

Committee on Education and Labor, United States Senate.

DEAR SIR: I take this opportunity to commend you and your committee for the excellent work you and your committee are doing in the question of medical manpower. I followed with great interest the report printed in the November issue of the Journal of the American Medical Association. There is only one paragraph that was in my opinion, very lightly and unjustly treated, and it is the problem of the refugee physician.

I have our American colleagues given at least one minute's thought how hard it is for the refugee M. D. to explain to the people and community why he is not in service of this country although he can meet all the requirements?

A lot of the people don't know that the refugee M. D. is refused when he offers his services; people think the way the American M. D. do that we are trying to take their practices away and make more money while others are in service.

You know, honorable sir, that this is not the truth. It's exactly the opposite. We tried very hard to join the Army, we were the first ones to put our applications in.

You are quoted as saying: "Aren't there places where you could put them (the refugee M. D.), that is, where they would be subject to assignment so that dependable and responsible doctors would assign them to the type of work that would be useful and yet they wouldn't have a chance to give anybody an overshot of something and kill them?"

Why this sudden fright of the incompetence of foreign graduates? In order to get our license in this country we had to prove our competence by passing the State board, serving internships and if we were declared competent to practice and treat civilians why aren't we competent enough to go to the front?

I have not some of the most prominent American M. D.'s gone to Europe to broaden their knowledge—Ochsner, Hertler, Dr. Lee, Cushing, and others?

I take my own case: I am 31, single, no dependents, served 2 years as first lieutenant in the Medical Corps of the Polish Army (1935, 1936). I took my physical examination in July and passed it. On December 17, 1942 (in 3 weeks) I will become an American citizen, and I doubt if even then I will be accepted and get a chance to fight for my country just because I am a "foreign graduate."

I saw on a man prove his love and devotion to his country more than by considering it a privilege and honor to fight and die for his country?

I have spent many nights and days traveling around the whole country to wake up the American people and tell them what they have in this country and why it's worth while fighting for because nobody knows it better than we who went through the European hell.

I was asked over and over again to speak about Americanism by people who know me, but by the consensus of general opinion we are incompetent, parasites, and potentially dangerous.

I don't have Poles, French, Czechs fighting on our side? Why, then, consider those who will in a matter of weeks or days become fellow citizens as refugees?

The same minute I will receive my final papers on December 17 I cease to be a refugee, and anybody who will call me by that name is looking for trouble.

I will be an American citizen and very proud of it, and if even then I won't be acceptable as eligible to fight for my country because of my foreign graduation, I shall look straight into everybody's eyes and say that I did whatever was in my power to do. The rest was up to you gentlemen.

Kindly accept my highest respect, and hoping that there is something that can be done to straighten matters out,

I am respectfully yours,

DR. NATE IZBICKY.

W. FLEISSER, M. D.,
Hoopeston, Ill., November 21, 1942.

SENATOR CLAUDE PEPPER,

Chairman, United States Senate
Committee on Labor and Education Subcommittee,
Washington, D. C.

DEAR SENATOR: I am referring in this letter to the hearing held before your subcommittee on November 2 and published in the Journal of the American Medical Association November 21.

Particularly I would like to take reference to the observations of Senator Hill and Dr. Lahey with regard to the "refugee physician."

Among the facts which Dr. Lahey lists as hindering admittance of a refugee physician to the Army, the most restricting one is the contention of the Federal Bureau of Investigation that men with relatives in Germany are "dangerous persons."

With dangerous, Dr. Lahey evidently means potentially dangerous as being possibly subject to pressure by enemy elements inside this country.

I am myself one of these "refugee physicians," naturalized and living in this community of 5,500 since 1938. After an uphill fight I was finally accepted by the people of this town as one of their own. The fact that I was a refugee is gradually being forgotten. What remains of it is a certain curiosity and interest in a man who has seen the part of the world which is now the heart of enemy territory.

People here even went so far as to show interest in and sympathy for the fate of my parents who were left behind. Through the International Red Cross I learned that my father had since died, and I have reason to believe that my mother met with the same fate.

I applied for a commission in the Army Medical Corps in July. I have been checked and rechecked, and have not yet received a commission. On the other side, I know of German immigrants, not yet naturalized, who are being drafted by the Selective Service without regard to their relatives still living in Germany.

Why is that so? I realize, of course, that an officer might be able to obtain and divulge more information valuable to the enemy than a private. But looking at the other end of the rope, I fail to see what difference it should make to the Gestapo whether their man is an officer or an enlisted man. Knowing that he contributes to his new country's war effort, regardless of whether he is in uniform or not, they would throw his relatives into the concentration camp, anyhow, if they are so minded.

Realizing this, I would with the greatest pleasure turn over to the Federal Bureau of Investigation anybody who might seek to blackmail me into doing anything that could be harmful to this, my own country.

Why, I am asking again, should the stigma of once having been a refugee be thrown back at me again and again by refusing to let me do more than buying bonds and giving scrap, once I am anxious and ready for the supreme sacrifice?

Why should I, by losing friendship, respect, and practice in my town because the Federal Bureau of Investigation objects to my parents, become a liability where I could be an asset?

The thing I dread most is to become sullen and indifferent after having been frustrated in the fervor and enthusiasm of active participation in something which was denied to me before—the fight for what I as well as you, Senator, believe is right. Replacing somebody else in his home town is no equivalent for wearing the uniform, and, in spite of all the politeness around it, comes desperately close to discrimination.

I will not stand for anybody, no matter who, telling me that he is going out to fight so that I may stay and enjoy the Four Freedoms.

Respectfully yours,

W. FLEISSER, M. D.

NEW YORK, N. Y., November 23, 1942.

Hon. Senator CLAUDE PEPPER,

Senate Office Building, Washington, D. C.

DEAR SIR: With reference to the recent article in the Journal of the American Medical Association relative to committee activities of which you are chairman.

May I call your attention to the 3,000 unlicensed (in this country) practically and scientifically very well equipped refugee physicians who are uselessly and absolutely excluded from the scheme of the American Medical Association and

als: O. P. A. as they are having considerable difficulty in obtaining licensure, partly due to the fact that the requirements for them are the same as for the 20-year-old young fellow who just graduated from college. These refugee physicians are many, many years after their theoretic instruction and have much practical knowledge. There are a few States which still permit these physicians to examination, but most of them do not even grant them this right.

Would it not be possible to submit these men to a good practical examination and thus contribute their services to the acute medical crisis instead of reducing the instruction period as contemplated at the present time and thus producing a less than mediocre new medical generation?

Why are the various States so reluctant to cooperate?

Very truly yours,

S. FERBER, M. D.

THE JOHNS HOPKINS UNIVERSITY,
SCHOOL OF HYGIENE AND PUBLIC HEALTH,
Baltimore, Md., October 29, 1942.

HON. CLAUDE PEPPER,
Senator for Florida,
The Capitol, Washington, D. C.

MY DEAR SENATOR PEPPER: I see from the papers that you are now serving on a committee interested—among other things—in the supply of medical personnel for the armed forces and the civilian population. I therefore take up again a subject about which I have written to you in connection with your address on Antrix Day last July.

I respectfully suggest that your committee direct its attention to the status of refugee physicians technically classified as aliens from enemy countries. There seems to be a fairly general consensus of opinion that as a group these men are anti-Nazi and loyal to the cause of the United Nations as any group of native Americans. Many of them have offered their services to the Army but they have been met with consistent refusal. The majority of refugee physicians is located in large northern cities where there is an ample supply of medical personnel. If the Army authorities could be induced to liberalize their policy regarding these men, and to grant them commissions in the Medical Corps—with or without prior service as enlisted men—it would, in my opinion, help to relieve the pressure in such sections of the country where serious shortage of physicians has developed or is developing.

Very sincerely yours,

CHRISTOPHER TIETZE, M. D.
Research Associate.

LAWRENCE, MASS., October 30, 1942.

Senator PEPPER,
Washington, D. C.

DEAR SENATOR: I was delighted to read an Associated Press story attributed to you in which you display some interest in the medical situation in this country.

You have always exemplified the best in Americanism. You have fought with vigor to secure justice and have shown aggressiveness in correcting Government flaws.

I am going to relate a story to you in semidetall which I think will be of extreme interest to you at this moment. If you can appreciate the "iniquities" of this situation and would like further investigation, I shall be glad to confer with you and, if necessary, testify before anybody you so desire.

I shall furnish you with a brief biography of myself:

I am a young American, born in Brooklyn, N. Y., on June 24, 1907. My parents were both born in Brooklyn. My grandparents on my maternal side were born in Ohio and on my paternal side in England. My great grandfather was a lieut. in the Ohio Infantry in the Civil War. My dad worked for the Post Office Department for 34 years and possesses a prized letter of commendation from Postmaster General Walker.

I was educated entirely in the United States in schools legally permitted to operate and to graduate students, a fact which is becoming more and more important. I attended public school, high school, and college, finally entering medical college and after 4 years of toil and sweat received my degree as doctor of medicine from the Midwest Medical College of Kansas City, Mo., in 1934.

Following graduation I served a 1-year rotating internship in the Lutheran Hospital of Brooklyn. This I followed with a 2-year residency in medicine and surgery at the Long Beach Hospital. I also served a 1-year externship at the Boston City Hospital. In all instances I have certificates to certify and acknowledge my satisfactory service as a physician. March 24, 1938, after taking the State examinations given by the board of registration in medicine of Massachusetts I was licensed along with men from so-called approved schools as a registered physician. Thus you can see that I have been a registered practicing physician for just short of 5 years.

For 2 years I have been trying to secure a commission in the Army or Navy as a physician but have met rebuff at every turn.

I want to emphasize the fact that the school I graduated from was a small college, but it was known to exist in the city that housed it; it was incorporated in the State department of Missouri and granted permission by the State to confer the degree of doctor of medicine on its graduates. Missouri being part of the United States I assume that the State laws should be respected by the aggregate of States. I believe that legally the several governments are responsible for the existence of the institution and are thusly responsible for students attending; therefore, I see no reason why I cannot expect the same governments to now recognize the validity of its own laws. The State of Massachusetts recognizes that legality but 47 other States and apparently the United States do not. The Federal Government does, however, recognize these licensed graduates by granting us a narcotic license as registered physicians. This violation of confidence in law is denying many graduates of these small schools our constitutional rights. These several governments refuse to recognize an institution that they themselves have legally been responsible for and for only one reason—that reason is the American Medical Association, which is neither a constitutional part of our Government or an incorporated part thereof but rather a private organization so defined and termed by the Supreme Court of the United States in the decision branding them a monopoly in the restraint of medical practice.

We men of these schools are willing and anxious to serve our country as physicians and surgeons whenever and wherever duty calls. We ask that we be given our constitutional right to serve and not be subjected to the abuse of a private monopoly, the American Medical Association.

There is no sane or logical reason why, if we are fit to practice our profession on 5,000,000 American citizens of Massachusetts why we should be denied the privilege to serve as commissioned officers in the Army and Navy Medical Corps or practice in any part of the United States where doctors are needed.

As we speak of manpower conservation I think a sane recognition of this injustice will be a great help to the medical situation and certainly a manifestation of the justice for which we are paying so dearly in life and wealth.

For additional information on this subject I refer you to men who know something of it, viz. Senator H. C. Lodge; Representative J. McCormack; Representative T. Lane; Mr. Eugene Kinnaly; Senator D. Walsh; Rabbi Herman Bick, Lawrence, Mass.; Robert O'Sullivan, Lawrence, Mass.; Dr. Stephen Rushmore; Rabbi Boris Korff, St. Moritz, New York City.

I sincerely hope you will take up a just cause and investigate this deplorable, un-American situation. I shall be pleased to offer documentary evidence for any information here stated and any other assistance you may desire.

Sincerely yours,

LEWIS JOSEPH LEVY, M. D.,
Lawrence, Mass.

LAWRENCE, MASS., November 30, 1942.

SENATOR CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SENATOR PEPPER: Thank you for the acknowledgment of my letter. I sincerely hope that some action will be forced upon the Office of the Surgeon General in this matter.

At this moment I have before me letters from three sources, the contents of which are most interesting. I shall quote the more important passages of each one for your benefit. I would gladly send you the original copies, but I do not wish to let them out of my hands. I have these letters on file with many others, and if you should at any time desire the opportunity to review this problem, I shall gladly bring them to your office in Washington.

From Office of Defense Health and Welfare Services:

"I should think the thing for you to do is to apply for a commission through the Massachusetts Medical Officers Recruiting Board at 319 Longwood Avenue. I have no record that you have done this. I do know, however, occasionally graduates of your school practicing in Massachusetts have been commissioned, so that if I were you I would take a shot at putting through the papers."

Application through this channel was made October 2 and, as already stated, rejected. Date of this above letter November 23, 1942.

From United States Public Health Service:

"It is my understanding that at the present time the number of physicians recruited for the Army in the State of Massachusetts is below the quota set for this State and therefore they may wish to reconsider your application."

"I will appreciate, I am sure, the fact that other governmental agencies are not in a position to take any action in regard to this matter as the standards and qualifications of the United States Army Medical Corps are entirely under the jurisdiction of the Surgeon General of the United States Army."

This letter dated November 23, 1942.

From War Department, Office of the Surgeon General:

"Colonel Lull and the undersigned have once again reconsidered your application. The point in effect, which you apparently had missed in considering your position in this matter, is that it is your privilege to serve in the Army of the United States, but it is not your privilege to demand a commission in the Medical Department. Commissions are of necessity a prerogative of the various chiefs of branch to recommend."

"In maintaining the health of the Army as a whole, the Surgeon General must, therefore, develop certain professional requirements for those who are to administer to the wounded men on the field of battle. You are exactly correct when you state that we have previously commissioned graduates of certain legal schools in the United States which are not on our present approved list. We regret this fact in that it reflects upon you as an individual, and no individual reflection on you is part is intended."

"The facts of the matter are simply that all of the unapproved colleges were investigated by this office, and as a result of such legal inquiries the decision was reached. Once again we appreciate your situation but regret that we must insist on the universally applicable rule in this time of great military mobilization."

Signed "L'Ententeur Colonel Hall," November 25, 1942.

I am sure that these extracts will give you a fairly accurate idea of the lack of rationalism behind the rejection for a commission of a registered physician with the qualifications that I possess. You will note in the letter from the Surgeon General that he first informs me of his prerogative to recommend commissions which apparently means that he can disregard a legal school; secondly, you will note that he admits that denying me a commission does reflect upon me as an individual in spite of the fact that no reflection was intended. Lastly, he speaks of universally applicable rule, and yet earlier in the letter tells me that they have granted some commissions to men from unapproved schools but suddenly changed their minds; it seems that the so-called universally applicable rule can be changed whenever it suits the purpose."

I also want to call your attention to a report appearing in the New York Times, August 16, 1942, upon the completion of a course given for pharmacists' mates in the Coast Guard. These men had no previous medical training and were given a 3 months' period of study. "Lt. Theodore Le Blanc, head of personnel of the Coast Guard, said the work of the group will be confined mainly to first aid and elementary medical treatment aboard vessels of the coastal patrol. They have been trained primarily to meet the serious shortage of medical officers."

I call your attention to this because I also sought a commission in the Navy. Apparently a licensed physician is not as well qualified as a novice. I am sure you can see that there is something other than ability behind the rejection of men from small unapproved schools. I regret to say that the American Medical Association realizes that if these men are given a commission in either branch of the service they shall have to be recognized in every State and that would interfere with the program of eliminating the small medical schools. They may be justified in abandoning such institutions, but I cannot see where they are permitted to force the Government to reject men who have graduated from legal schools and have been approved by a State examining board. I am sure that you can honestly agree with me when I express an opinion that the American Medical Association and the Surgeon General are certainly arbitrarily and willfully disregarding American law. I can only contend as I have previously written that

there can be no excuse for the United States Government to reject registered physicians from medical colleges legally chartered within the United States.

I am anticipating the day when I shall be granted a commission as a physician in the United States armed forces, and I sincerely hope you will see fit to secure justice in place of the unquestionable dictatorship set up by the American Medical Association and the Surgeon General.

If you feel that a personal interview on this matter is desirable, I shall be pleased to come to Washington with the material I have at hand.

Sincerely yours,

LEWIS JOSEPH LEVY, M. D.

III. LETTERS FROM PHARMACISTS, OPTOMETRISTS, OSTEOPATHS, AND CHIROPRACTORS

LOUISVILLE, KY., November 7, 1942.

HON. CLAUDE PEPPER,

Senator from Florida,

United States Senate, Washington, D. C.

DEAR SIR: I note from the newspapers that the Senate Education and Labor Subcommittee, of which you are the chairman, is interested and investigating the present threatening doctor shortage. I, therefore, wish to offer this suggestion. If the Army would utilize the pharmaceutical talent they have at their disposal, for those auxiliary duties being carried out by physicians, it would free many medical men for real medical duty. The pharmacist today, has been well schooled and inculcated with materia medica, toxicology, bacteriology, etc.; and his knowledge is being wantonly wasted by the Army, when he is made to do ordinary military duty.

To overcome this unjust waste and poorly utilized precious manpower, I suggest the unequivocal support and passage of the Pharmacy Corps bill, S. 2630.

Thank you kindly for the deliberation and consideration you give this matter.

Very truly yours,

SIDNEY M. MARS.

BETA SIGMA KAPPA,
Chicago, Ill., November 4, 1942.

Senator CLAUDE PEPPER,

United States Senate, Washington, D. C.

DEAR SENATOR: Our attention was attracted a few days ago to a news article concerning the matter of use of medical doctors in the Army and to a preliminary report issued from a subcommittee of which you are chairman. We wonder if you know a very wasteful use that is being made of medical doctors by the Army. With unquestioned shortage of medical doctors which is seriously threatening the health of many communities, particularly rural ones, why, in view of this situation, are medical doctors assigned to make eye examinations in the Army, work, incidentally, for which they are not well trained, while graduate registered optometrists, who have passed very rigorous college examinations and State board examinations, are being inducted into the Army and are assigned to various branches of the service where their professional abilities are lost to our war effort. There are some optometrists assigned to eye examining in the Army but most of them are serving as privates or at most sergeants and rank commensurate with their professional ability is being denied them because of opposition and the influence of organized medicine. Optometry is not unmedical, simply nonmedical, and the courts in every State have held that optometry, that is eye examining for the purpose of detecting and correcting errors of refraction does not constitute any part of the practice of medicine. Your own State of Florida has a very excellent optometry law and there are a number of your own fellow Floridians who are in the service but assigned to duties foreign to their training and where their professional skill is wasted. Organized medicine opposes, thus far successfully, the extension of any recognition to members of schools of healing other than their own. It would almost seem that medical spokesmen would rather have the eyes of the Nation neglected rather than to have them tended to by those not members of "the doctors' union."

It might interest you to know that I hold a license to practice in the State of Florida, having passed a very stringent State board examination there several years ago.

Yours very truly,

H. E. PINE, D. O. S., President.

SEN. CLAUDE PEPPER,
United States Senate, Washington, D. C.

DEAR SIR: I have just read of your report concerning the ratio of physicians to soldiers in the Army, as compared to the ratio of physicians to civilians. Would not a good sequel be a study showing whether these medical men are being used wisely? or whether they are doing jobs that other professional men could do as well? I am alluding to optometrists.

There are approximately 2,000 optometrists now in the armed services, with a ridiculously small percentage of them doing the type of work for which they have been licensed, in civilian life. Many physicians are now refracting eyes, or checking laymen who have superficially been taught this work, whereas the optometrists, proven and graduate eye specialists, are doing work for which they are not as well fitted.

Yours truly,

JOHN JACOB HAUSMAN.

EAST LOS ANGELES OSTEOPATHIC CLINIC,
East Los Angeles, November 10, 1942.

SENATOR CLAUDE PEPPER,
Chairman of Subcommittee on Manpower, Committee on Education and Labor,
United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: What kind of democracy is it that would refuse to allow its component members the privilege of service?

We, the thousand physicians and surgeons (D. O.—osteopathic), in California, have repeatedly been refused hearing or recognition in the Medical Corps of the Army, Navy, and/or Public Health Service. Yet these selfsame organizations are claiming to the high heavens for more doctors.

We were told that we were incompetent and improperly educated. Yet, as duly licensed physicians and surgeons we minister to thousands of patients daily under a State license and reads—to use any and all methods in the treatment of diseases— Injury, deformity, or other physical or mental conditions of human beings—and that means surgery, major and minor, psychiatry, and all forms of medicine. The Federal Government recognizes our competency by licensing us under the Harrison Narcotic Act.

Those allopaths in charge of the afore-mentioned bureaus accuse us of being undertrained. Yet, they accept 3-year medical graduates without internship or hospital training as officers in their respective corps.

Our medical course is now, and has been, longer and more intense than that given at the State university (University of California) and that is by an hour by hour, subject by subject, comparison—5,679 hours of work to 4,476 hours in the State school.

Will they let us prove our competency by open examination before unbiased boards? No, they will not. Would the Army or Navy refuse a flight mechanic a hearing or a rating because he happened to be a member of the American Federation of Labor or the Congress of Industrial Organizations? Not likely. Yet here we sit. A thousand unused, untapped, good physicians. Many of our men eager to do their part have enlisted in other services, depriving the country of their irreplaceable services.

To you, sir, we appeal to reason. Reclarify our democratic principles, let us reaffirm our faith in American democracy. The democracy that recognizes worth and character no matter what the color, race, or creed.

Sincerely,

S. M. SCHWARTZ, D. O.

KARANA & KARANA,
Chicago, Ill., October 29, 1942.

SENATOR CLAUDE PEPPER,
Washington, D. C.

HONORABLE SIR: We were greatly interested in the report of the Senate subcommittee on the "threatened shortage of doctors." We respectfully suggest that the findings of this committee were arrived at without proper investigation.

There are thousands of doctors anxious and eager to do their part in the armed services, who are denied the privilege because of the monopolistic stranglehold. Chiropractic, in a few years, has become the leading drugless science, solely because

of the phenomenal success it has achieved in cases of medical failure. It is the only science that can accurately and scientifically determine the cause of disease and remove same. Thousands of servicemen depend upon chiropractic to restore and maintain health, yet they are denied freedom of choice in health matters.

In this day of highly mechanized warfare, our forces must be supplied with mechanical specialists, not only to keep the tanks, airplanes, and jeeps operating, but to keep the spines of our boys in perfect alignment that they may have 100 percent energy to maintain health and perform their tasks. Hospitals and asylums are being filled already with these physical wrecks, most of whom could be rehabilitated under chiropractic service.

We chiropractors are as patriotic as any group of citizens in the United States and desire only the privilege of doing our part in winning the war. We respectfully request a thorough investigation and unprejudiced consideration.

Yours for victory,

A. FRED KARANA, D. C.

DETROIT, MICH., October 29, 1942.

HON. CLAUDE PEPPER,
United States Senate:

As president of the American Optometric Association, representative of 17,000 optometrists registered by 48 States, I send you my congratulations upon your vitally important report published this morning. I urge you in the public interest to release additional information relating to your statement "the committee has received testimony that indicates the professional skill of doctors in uniform is not being properly utilized." We should be happy to supply you with additional data relating to this subject, specifically that medical doctors are now being employed in Army services to carry out activities that could equally well or better be carried on by optometrists. Furthermore, we urge you to look into the matter of why qualified optometrists are not given commissions by the Army and why they are utilized for services completely inconsistent with their skills, aptitudes, experience, and training. Our counsel on education would be happy to place at your disposal this data. We urge you in the public interest to take immediate action so that civilian doctors now in Army may be released for civilian needs and that optometrists now in Army and in civilian service may serve their country befitting their own qualifications. May we hear from you by wire?

DR. EWING ADAMS, President,
American Optometric Association.

IV. LETTERS FROM EXECUTIVES AND ADMINISTRATORS OF INDUSTRY, CLINICS, HOSPITALS, AND PUBLIC AGENCIES

LEIGH VALLEY SUPPLY CO.,
Allentown, Pa., October 30, 1942.

HON. CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SENATOR PEPPER: Because it is our opinion that they will interest you, we respectfully enclose herewith copies of self-explanatory letters dated October 19 and 30, respectively, addressed to our President, the Honorable Franklin D. Roosevelt.

We also offer copy of a letter dated October 28, from Maj. Gen. J. A. Ulio, it being a reply to our letter of the 19th instant, addressed to the Honorable Franklin D. Roosevelt, and the reason for our again addressing the President on October 30.

The position you have assumed is truly commendable, it must have the support of everyone interested in the health of the Nation—the worker, the farmer, those of us who are forced to pursue our duties on the home front—and we all are hopeful that in your usual vigorous and able manner, the matter will not be allowed to rest until success crowns your efforts.

Please be assured that if, in our humble manner, we can assist, that it is yours to command, and are,

Respectfully yours,

LEIGH VALLEY SUPPLY CO.,
J. WALTER SINGMASTER,
General Manager.

OCTOBER 19, 1942.

HON. FRANKLIN D. ROOSEVELT,
President of the United States,
The White House, Washington, D. C.

DEAR PRESIDENT ROOSEVELT: Five years ago Dr. Walter A. Banks, fresh from his hospital internship, located in Macungie, Pa., where a physician was sorely needed.

Almost overnight his office became a mecca for the suffering, the injured, the sick, the ill; patients from Macungie, from miles and miles thereabout, came to consult this quiet, unassuming country physician; came because he listened patiently alike to rich and poor, came because his cures were almost miraculous, came because he was in love with his work and not especially interested in the fees which their coming represented.

The other evening it became necessary for the writer to consult Dr. Banks and what a revelation. Busy, we knew he was, but we had no idea of the scope of his practice, of the heavy demands made on his time, because we waited for him to put in an appearance from about 7 in the evening until 1:30 a. m. and when he finally arrived at our home discovered that his last office patient had just left and that after seeing us it would be necessary for him to make four more calls which would compel better than a 30-mile drive before he could consider his day's work completed.

On remarking that this was probably an exceptionally busy day, was amazed to learn that such procedure was daily routine.

Today, we learn that Dr. Banks has been called to the service of his country and we are wondering, are appalled at the idea, at the thought of what will happen when the lights in his office are darkened, when there will be no answer to his phone, what will happen to the hundreds of patients depending on him, happen to the sick, the injured, the many expectant mothers who day after day crowd his office—we are wondering with a real heartache where these sufferers will turn for medical care in areas just about stripped of physicians.

Our armed forces must have medical care, but so must the farmer, the laborer, the defense worker who make the continued operations of our fighting forces possible, they who carry on at our great Bethlehem Steel, at the largest and most concentrated cement plants in the world, at Trojan Powder, American Armament, Mack Motors, Traylor Engineering Co., Cement Gun, Aldrich Pump, and many other plants large and small operating here, engaged to the nth degree in producing food, clothing, and munitions of war.

Other areas may at the moment be suffering from lack of physicians, but ours is an area—we are not selfish—almost out and out in the war effort, which dare not suffer, because morale must be maintained; health, life, well-being must be preserved, if our plants are to operate at capacity, their workers must be doubly guarded against the ravages of disease, of possible epidemics.

Consequently, it is our thought, our earnest request that the Dr. Banks case be reconsidered, that he be relieved from military service and be allowed to continue to serve this community, his country, by preserving the health in an area vital to the war effort.

Thanking you kindly, sir, for the fact that any citizen may feel free to address you as our Chief Executive on matters such as this, with the absolute knowledge that if they have merit, they will be given attention and consideration, we are,

Very truly yours,

LEHIGH VALLEY SUPPLY CO.,
J. WALTER SINGMASTER, General Manager.

OCTOBER 30, 1942.

HON. FRANKLIN D. ROOSEVELT,
President of the United States,
The White House, Washington, D. C.

DEAR PRESIDENT ROOSEVELT: A letter dated the 28th instant, from Maj. Gen. J. A. Ulio, copy enclosed, indicates that our communication of the 19th instant, regarding Dr. Walter A. Banks, of Macungie, Pa., received perfunctory secretarial perusal, was rubber stamped for the Adjutant General—the file closed.

We are disheartened and dismayed to learn that our letter evidently unconvincing and poorly phrased to some secretarial eye was accorded such treatment, because, since addressing you, the Honorable Claude R. Pepper, backed by fact, using convincing language, has brought to your attention and that of the Nation the predicament in which the worker, the farmer, the home guard find themselves as far as medical care is concerned.

Senator Pepper is stating facts, and what he says is in direct contradiction of the assumption of Major General Ulio that the procurement and assignment boards have made provision to even in a small measure care for the medical needs of the community short of its physicians.

Some of us, too old for military service, are assisting on rationing boards, defense committees, draft boards. We have made mistakes, errors, honest ones. Is it not possible that in some cases the procurement and assignment boards have been a bit hasty? May not this apply in the Banks case and many another? It is our respectful request that such cases be reviewed and that we be advised of your decision.

Thanking you and assuring you that when we can serve that it is yours to command, we are,

Very truly yours,

LEHIGH VALLEY SUPPLY CO.,
J. WALTER SINGMASTER,
General Manager.

WAR DEPARTMENT,
THE ADJUTANT GENERAL'S OFFICE,
Washington, October 28, 1942.

Mr. J. WALTER SINGMASTER,
Allentown, Pa.

DEAR MR. SINGMASTER: Your letter of October 19, 1942, addressed to the President has been referred to this office for acknowledgment and consideration.

First Maj. Walter Alfred Banks has been declared available for military duty by the Procurement and Assignment Board, and has accepted his appointment in the Army of the United States; therefore, he must comply on October 31 with his orders.

Presumably the Procurement and Assignment Board has made adequate provision for supplying the needs of the community when it declared Dr. Banks available for active duty. No reversal of the Board's initial clearance has been received by the War Department.

Very truly yours,

J. A. ULIO,
By D. A. B.,
Major General,
The Adjutant General.

UNION SAW MILL CO.,
Huttig, Ark., October 30, 1942.

SENATOR CLAUDE PEPPER,
Senate Office Building, Washington, D. C.

DEAR SENATOR PEPPER: Having noted in the Arkansas Gazette, under date of October 28, the committee report on Labor Suspension Committee on Manpower, of which you are chairman and especially having reference to doctors.

Beg to advise you, that as vice president and general manager of the Union Saw Mill Co., Huttig, Ark., which is a lumber-manufacturing concern which during last year up to the end of September, shipped 39,752,997 feet of lumber. We have through strenuous effort and longer working hours, paying overtime, up to the end of September this year shipped 44,141,170 feet. Some 85 to 90 percent of it going to war effort.

We are located in the woods, 47 miles north of Monroe, La., and 34 miles south of El Dorado, Ark.

We have a good clinic, equipped with X-ray equipment and all manner of first-aid equipment which has been operated, and which large community spread over many miles has been served by two doctors. One of these doctors, who was a surgeon, left us several months ago, after which time we acquired the services of a doctor and surgeon who had been turned down by the Navy. Later the Air Corps took this doctor away from us.

Up to the present time we have been unable to secure the services of another physician and surgeon. Being the employer of 700 men, which comprising their families probably means responsibility to 2,500 or 3,000 people with an adjacent rural community of many more, we have been unable up to this time to secure the services of another physician and surgeon.

We are sending a copy of this letter to Senator Hattie W. Caraway, Senator Lloyd Spencer, and Congressman Owen P. Harris for this district in Arkansas. We are wondering what our Government will do for us in such a case.

Yours very truly,

UNION SAW MILL CO.,
F. H. WILSON,
General Manager.

GROUP HEALTH FEDERATION OF AMERICA, INC.,
Little Rock, Ark., November 17, 1942.

Hon. CLAUDE PEPPER,
United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: The Journal of the American Medical Association refuses to accept from Trinity Hospital advertisements for physicians to replace those who have entered the armed services.

Trinity Hospital is a partnership which owns and operates a group clinic and hospital and also has a prepayment medical care plan which, for the past 10 years, has taken care of between 5,000 and 6,000 people annually in addition to regular fee practice. Prepayment plans are constantly and violently opposed by the boards of the American Medical Association as you may know from their recent conviction in the District of Columbia following their activities against the Group Health Association of Washington, D. C., whose plan is similar to that of Trinity Hospital.

Trinity Hospital's staff consisted of 12 physicians, 5 of whom are now in the Army, leaving only 7, and it is expected within the next few months that they will contribute at least 1 more doctor to the armed forces. This 30-percent contribution of their personnel is much in excess of the percentage contributed by the physicians of that community. They are not, however, complaining about the depleted staff nor of the increased work which falls upon the remainder of the staff, as they expect to do their share in the present emergency.

But in April 1942 Trinity Hospital inserted an advertisement in the Journal of the American Medical Association asking for replacements for these absent physicians. The Journal accepted this advertisement after quite a bit of correspondence, filling out of blanks, etc. As a result of that ad, Trinity Hospital was able to obtain one physician who lasted for about 6 weeks. Then, in August of 1942, when the pressure of work was still increasing, Trinity Hospital asked the Journal to insert another ad, stating therein that they were willing to take women physicians to tide them over for the duration. The Journal refused to accept this ad, stating as a reason that Trinity Hospital was not an approved group or hospital. The feeling at Trinity Hospital is that, if they have contributed such a large percentage of their staff and their staff members are now unable to the Army, this certainly is no time for the American Medical Association to penalize them and the civilian population because of a difference in opinion on a medical-economic question—a question which, by the way, is still controversial.

I took this matter up with Dr. F. H. Lahay, chairman of the directing board of the Procurement and Assignment Service, and former president of the American Medical Association. His reply states: "I regret I cannot offer any assistance concerning your problem with the Journal of the American Medical Association. Private organizations establish their standards and the Government cannot undertake measures to change these standards." With this statement, I cannot agree.

In peacetime the American Medical Association is a powerful organization, but in wartime it is even more so with the Government backing and the influence it has in Federal medical quarters. It controls the medical Procurement and Assignment Service and, in Arkansas, the chairman of the State committee on procurement and assignment is also the secretary of the Arkansas Medical Society. If any individual or group like Trinity Hospital undertakes something of which the American Medical Association does not approve, it is in a position to penalize such groups or individuals quite heavily. For instance, in the Army, a medical officer's initial rank may depend upon whether or not he is a diplomat of one of the special examining boards and the American Medical Association has succeeded in inserting in the requirements of these boards that the candidate be a member of the American Medical Association. Then too, technicians (laboratory, X-ray, etc.) find it impossible to become registered and to be awarded their certificates of proficiency if the institution with which they are affiliated is not approved by the American Medical Association.

The following excerpts are taken from the Government's brief in the United States Court of Appeals for the District of Columbia when the American Medical Association was convicted of violation of the Sherman Act:

"The indictment charges that for many years defendant American Medical Association and its officials have opposed, with affirmative action, group-practice prepayment organizations whenever and wherever in the United States they have appeared. With all the vast power it has acquired, with all the machinery of boycott and coercion which it and its affiliated societies have built up, defendant American Medical Association has stood unflinchingly poised and ready to suppress any experimentation, any economic rearrangements of the practice of medicine that might constitute serious competition with existing arrangements. . . . the present case, despite the defendants' delusive efforts to justify their conduct, stands revealed, starkly and in all its ugliness, as merely another case of *Montague & Co. v. Loery*; simply another case in which an economically dominant group, arrogantly demanding for its members freedom from competition, confederated in such wise as to throttle any concern whose method of conducting its business was not 'approved'."

I also quote from the opinion of the United States Court of Appeals for the District of Columbia when it affirmed the conviction of the American Medical Association in this case: "Notwithstanding these important considerations, it cannot be admitted that the medical profession may through its great medical societies, either by rule or disciplinary proceedings, legally effectuate restraints as far-reaching as those now charged." "In some instances professional groups have been charged by legislative fiat with powers and duties concerning professional education, licensure, discipline, removal of licenses from practice, and other related subjects. In such cases they act as agencies of government. Although some similar delegations of power have been made to the organized medical societies, there is no evidence of delegation of power to appellants (American Medical Association) sufficient to authorize the conduct for which they have been convicted. In the absence thereof professional groups must abide by the general laws just as scrupulously as any private citizen or private corporation. It is in this setting that appellants were permitted to organize, to establish standards of professional conduct, to effect agreements for self-discipline and control. There is a very real difference between the use of such self-disciplines and an effort upon the part of such associations to destroy competing professional or business groups or organizations." "Appellants (American Medical Association) are not law-enforcement agencies; they are charged with no duties of investigating or prosecuting, to say nothing of convicting and punishing."

Obviously, the refusal of advertising cited above shows that the American Medical Association has not yet desisted from using the same methods against the prepayment organizations outside the District of Columbia. But I am informed there is no way to restrict them under the present law and that legislation therefore offers the only remedy.

I sincerely trust that out of the work of your committee there may come legislation which will in the future prevent the abuse of the power now in the hands of the American Medical Association and its leaders.

If you think that I or any other member of the Group Health Federation, might be of service to you in this (or any) matter, you have only to let me know.

Yours very truly,

GROUP HEALTH FEDERATION OF AMERICA,
M. D. OGDEN, M. D., President.

CIVIC MEDICAL CENTER OF CHICAGO,
December 4, 1942.

Senator CLAUDE PEPPER,
Senate Office Building,
Washington, D. C.

DEAR SIR: We are enclosing a copy of an appeal to the National Board of Procurement and Assignment Service requesting a review of the status of the Civic Medical Center. We are addressing you because we feel that this matter is directly related to some of the issues brought out by the recent Senate investigation on the question of medical manpower conducted under your direction.

Let us say at once that we are anxious to give the armed forces every able-bodied qualified man on our staff who can be spared. We are asking no discrimination in favor of any of our men as individuals. We only hope to have

extended to us those privileges which have been accorded other institutions similar—if in some cases on a larger scale—to our own. Of these, Lahey and Mayo Clinics constitute the outstanding examples in the country.

Copies of this appeal have been forwarded to the local, State, and corps area committees of the Procurement and Assignment Service. We have simultaneously made a direct appeal to the National Board of Procurement and Assignment because of the hostility which has constantly been shown us by the local medical societies. This hostility seems to be essentially based on the fact that many of our patients receive their care from us on a prepayment plan basis. As you know, in his testimony before your committee, Dr. Fishbein asserted that he believes in group prepayment plans that are "set up on a legitimate basis." He also stated that there were 13 State medical societies and over 300 counties that have set up prepayment plans for supplying medical service. It is our impression that only those plans are considered "legitimate" which are medical society sponsored. Certainly, claims of friendship for the principle of prepayment are not corroborated by some of the history of American Medical Association policy. A case in point, as you know, is that involving the Group Health Association, in Washington, D. C., in which the American Medical Association was successfully prosecuted for restraining and interfering with an organization similar to our own because of its policy of prepayment. The decision of the United States Supreme Court on this matter is now pending.

In our own case, applications for membership in the Chicago Medical Society have been repeatedly denied without hearing. A recent plea for a hearing before the proper committee of the local society has thus far been left unanswered. In the face of such opposition we are inclined to be pessimistic about our chances of receiving genuinely unbiased consideration from those locally in charge of Procurement and Assignment.

May I express to you my personal appreciation of the courage with which your hearing on the medical manpower question was conducted.

Respectfully,

LAWRENCE JACQUES, M. D.

CIVIC MEDICAL CENTER,
Chicago, November 30, 1942.

FRANK H. LAHEY,

National Board of Procurement and Assignment,
Washington, D. C.

DEAR SIR: The undersigned respectfully requests a review of the position of the Civic Medical Center of Chicago in relationship to the recruiting of physicians in the Chicago area.

The Civic Medical Center is a private group clinic, organized as a partnership, offering medical care on a group-prepayment as well as a fee-for-service basis. During the past 7 years it has cared for approximately 40,000 individuals. There are about 200 daily patient visits. About 2,000 persons receive their care on the basis of group prepayment. Among these are several hundred members of the Chicago Teachers' Union, as well as members of various industrial concerns, cooperatives, and other labor organizations. This group prepayment plan represents to our best knowledge, the only successful venture of this type in the Chicago area.

The center has complete diagnostic and therapeutic equipment including several X-ray units, medical laboratories, optical units, and an optical shop and pharmacy. The medical staff consists of 13 physicians, most of whom are partners—representing the various general and special branches of medicine. The activities of the center are coordinated by an executive committee of three members. There is no proprietary or corporative control. Thus the organization functions as a unit, rendering medical services according to the pattern of such organizations as the Lahey and Mayo Clinics.

Of the 13 physicians on the staff only 7 are familiar enough with its affairs to direct and coordinate the organization. Of these 7, 2, including the former chairman of our executive committee, are already on active duty with the armed forces. During the current recruiting drive in Chicago, 2 of the remaining 5 have been requested to apply for commissions, and since all 5 of these men are of draft age—44, 42, 41, 40 and 38—it is expected that the remainder will be called in the immediate future. To our knowledge no effort has been made to determine the essentiality of these men as members of a medical institution.

It is our conviction that unless a minimum of three of these keymen be allowed to remain, the Civic Medical Center will be destroyed. It is furthermore our opinion that the Civic Medical Center has been an asset in the scheme of medical care in the Chicago area, and that it can be of greatly increased usefulness in the period which we are now entering.

In December 1941, in a letter addressed to Paul McNutt, we offered the services of the Civic Medical Center to the Government. "In any way that those in authority might see fit." While no action has been taken, it is our opinion that we could be useful to the Government in ways not fully exploited. Since October of this year, we have examined some 700 applicants for the construction of military installations at Dutch Harbor and Juneau, cooperating with the United States Employment Service. These examinations were carried out systematically using the apparatus and special training (internal medicine, eye, ear, skin, surgery, dentistry, etc.) of the various departments. It is our opinion that we are particularly well suited to this type of work and that our activities in this field could be vastly increased in cooperation with and to the advantage of the United States Employment Service and other similar agencies.

Conditions now developing call for the maximum utilization of all facilities now available for civilian medical care. The destruction of the Civic Medical Center would deprive this area of an established medical unit at the very time when it is most needed.

We therefore specifically request that the Civic Medical Center be considered as an institution similar to hospitals and other group clinics; that decisions regarding the essentiality of the men now being called be made on the basis of their relationship to the institution and the importance of this type of practice to the community—after a determination of the facts. If these facts warrant, it is asked that a minimum of three keymen be allowed to remain in their present positions.

Respectfully,

LAWRENCE JACQUES, M. D.,
HAROLD L. KLAUANS, M. D.,
JACOB MAYER, M. D.,
Executive Committee.

St. John's Hospital,

Brooklyn, N. Y., October 29, 1942.

Hon. CLAUDE PEPPER,

The Senate, Washington, D. C.

DEAR SENATOR PEPPER: I was delighted to see in the newspaper this morning your report from the Senate Subcommittee on Manpower, and I venture to ask that, when this report is published, a copy be sent to me. I have been most concerned about the situation which you so clearly set down in your report, not that greater New York has suffered from shortage of medical care, but the rural communities certainly have. I am more than glad that attention is being given an essential situation.

The tragedy of the whole matter is the recruitment of doctors who have not yet finished their training and who will be unable to go back to it after the war is over. If they were used for medical work in the Army or Navy there could be no complaint, but when they are so largely used for administrative work that can be done by a layman just as well, it is nothing short of a catastrophe that they are taken from their training before it is finished. May I respectfully suggest that the internship now allowed by Selective Service, of only 1 year, be lengthened to at least 18 months, until such time as they are genuinely needed by the armed forces.

The situation in regard to the personnel of hospitals is as serious to the country as the lack of firm help, and I would like to offer the suggestion that an investigation of the situation be made by your committee. I am not referring to doctors or nurses who are needed for the armed forces, but to the technical help and unskilled labor used in the hospitals. At the present time it is almost impossible to get not only acceptable personnel but personnel of any quality at all. The hospitals are most concerned lest they be caught with shorthanded personnel at the time of national calamity. This seems all the more strange when the relief rolls of New York City are still crowded with men who are capable of doing hospital work.

Sincerely yours,

L. M. ARROWSMITH, Administrator.

UNITED STATES RUBBER CO.,
Des Moines, Iowa, November 7, 1942.

Senator CLAUDE PEPPER,

Chairman, Subcommittee on Manpower of the
Committee on Education and Labor, United States Senate,
Washington, D. C.

DEAR SENATOR PEPPER: I have read with a great deal of interest your public release of the report of the subcommittee on the supply of physicians for the armed forces and the civilian population, as of October 29, 1942. It is my opinion that this subject has received careful consideration by some of the best informed and capable minds in the field it concerns, and it has received much discussion in the wide arena of public discussion.

May I call to your attention the vast source of medical personnel which may be used by the Army and Navy Medical Departments in their procurement and assignment service for physicians, namely, graduates of B grade medical schools. These graduates are licensed to practice in many States but are barred from practicing in many other States. It is a known fact that many of these graduates are just as capable, if not more capable, than some of the graduates of A grade medical schools. This is merely an arbitrary classification which has been given to a group of medical men by the American Medical Association, and is only the opinion of this association. That Abraham Lincoln was not a Harvard graduate would not, in my opinion, bar him from the great station in life which he held. It is the opinion of many in the American Medical Association executive faculty that because a man does not graduate from an A class institution it automatically bars him from being any good as far as a medical doctor is concerned, and in view of the great shortage of medical men, I believe this is a foolish time to draw lines or make great distinction in professional groups. I would appreciate a suggestion from you on this recommendation.

The professional and intellectual attainments of physicians who have offered themselves to the Army and Navy, taken as a whole, are of the finest quality, and there is no reason to believe that physicians from B grade schools hold any less qualifications than graduates from A class schools, unless it be for social distinction only. Many of these men were forced to go to class B medical schools for the simple reason that they did not have the financial support for attending A class schools, and this should in no way detract from their ability.

Very truly yours,

A. BAIER, M. D., Medical Director.

ROSS-LOOS MEDICAL GROUP,
Los Angeles, Calif., November 5, 1942.

Senator CLAUDE PEPPER,

Washington, D. C.

DEAR SENATOR PEPPER: In reply to your telegram of November 3 requesting additional information regarding the matters contained in my telegram to you of October 28, I would be happy to furnish you any data or actuarial information regarding the matters referred to.

I respect the merits or demerits of medical care on a prepayment or budget basis, the advantages of a group of doctors practicing together in a community has advantages from a standpoint of economics and efficiency and there can be no evidence against such merits. A group of doctors can so economize on equipment that from this standpoint there should be a more economic spread of medical care at a marked saving to the patient or consumer. Such a system, particularly in rural areas, would solve to a very large extent the pressure for more doctors and would do away with the haphazard methods now employed. One centralized location occupied by all of the doctors in a rural community would need only one microscope, one X-ray equipment, one telephone line, etcetera. By this group, the manpower could be used to its men and eventually it would lead to at least partial specialization in the practice of medicine. Even in a group of three or four physicians, it is reasonable to suppose that each one would have a predilection for certain types of cases until as time went on all cases of a certain type would naturally

gravitate to that doctor who preferred such a type, and who by practice and experience would become more proficient in the handling of these cases.

In urban communities the saving would be much greater, as the groups of doctors would be larger, thus saving more materially in expensive equipment and lay personnel, would find its staff enjoying more regular hours, as turn-about on residence calls and night emergencies could be practiced, thereby relieving all of the arduous practice now prevalent of a doctor being on call 24 hours a day.

The Ross-Loos Medical Group, one of the largest of its kind in this country, feels that it can more efficiently and economically furnish the health needs for the section of the civilian population which it serves than could possibly be done if its approximate 100 doctors were each practicing individually in that number of private offices. Many attempts have been made through the local Procurement and Assignment Division of the Federal Security Agency to obtain deferments for some of the keymen of this medical group, but there are no rules governing such exceptions and the personnel of this institution has lost close to 50 percent of its doctors with adequate replacements most difficult to obtain. We feel that our work as a medical unit is essential for the health and welfare of the community and that for this reason the staff should not have been so stripped. Despite all protests, however, the Procurement and Assignment Division is bound by rules and regulations that will not allow them to do anything but continually recruit members of the staff. This organization, by agreement, attends to the health needs of a large number of essential workers, such as Federal, State, county, and municipal employees, telephone workers, policemen, firemen, and many defense-plant families. It is continuing to service many of the families of its subscribers who are now abroad in the armed forces. Despite this entire showing, no consideration whatsoever is given to the essentiality of such work, and in case of an epidemic or a catastrophe of any sort, great hardship could be worked upon the civilian population in this area by such a short-sighted policy.

While the Ross-Loos Medical Group furnishes its care to large groups of employees and their families on a monthly payment basis, the method of payment is not the point at issue. It is the method of supplying the service which is important at this time.

If we can supply you with any further information please call upon us as we feel that your committee should view this aspect of the problem as well as the others which present.

Yours respectfully,

H. CLIFFORD LOOS, M. D.

J. MARION READ, M. D.,
San Francisco, October 29, 1942.

Senator CLAUDE PEPPER,

Senate Building, Washington, D. C.

MY DEAR SENATOR PEPPER: I am sending you, enclosed, a copy of a letter written by me 2 months ago dealing with a certain aspect of "the doctor shortage." When I heard on the radio last night, and read in this morning's press of the official recognition of this problem which you and your committee are giving, I felt encouraged to believe that perhaps a more equitable withdrawal of physicians from civilian life into the armed forces will be planned for the future.

I entered the First World War as a young physician and served a year and a half and, therefore, I believe I know something about the military side of this question. I am now deputy chief, emergency medical service, civilian defense, in San Francisco. While California is reported to be behind in its quota of physicians for the armed forces, I can say, from personal knowledge, that unless continued transfer from civilian life to the Army and Navy is not more intelligently conducted, this city, and undoubtedly others in this defense area, will suffer gravely for medical attention in the event of an enemy bombing or shelling. A heedless neglect of civilian needs, especially in a defense area, does not make for good morale.

Sincerely yours,

J. MARION REED, M. D.,
Deputy Chief, Emergency Medical Service,
Civilian Defense.

SAN FRANCISCO CHAPTER,
AMERICAN NATIONAL RED CROSS,
San Francisco, Calif., August 21, 1942.

D. HENRY GIBBONS III,
Chief of Emergency Medical Service,
San Francisco Civilian Defense, San Francisco, Calif.

DEAR DR. GIBBONS: Your communication of August 15 regarding the "official decision of the Procurement and Assignment Service" was received several days ago. From the viewpoint of civilian defense the concessions of the Procurement and Assignment Service to the civilian-defense effort amount to just zero and will result in such crippling of the medical part of civilian defense in San Francisco as to render it almost impossible to carry on.

As far as men over 45 years of age are concerned, they cannot be drafted unless the present selective-service law is amended by Congress. And, as far as 60 to 90 days' delay in the cases of men below 37 and 45, respectively, that is of no advantage either. If a competent staff of medical men for civilian defense is to be organized and maintained the required physicians will have to be put on an "essential list" as is done in the case of medical-school faculties and large industrial establishments.

As a medical officer in World War I, I am cognizant of and sympathetic with the needs of the armed forces for medical men, but I can also see that there will be a breakdown of medical aid for civilians in San Francisco at any rate, if we should be subjected to a bombing. In a total war, such as we are in now, the civilian population often "takes it" as does the military and more than the usual consideration should be given civilians in respect to medical personnel.

It is my sincere belief that this matter should be called to the attention of Dr. Baehr. We may have a situation here which is peculiar to the San Francisco Bay area but the facts are that we have a large and growing population engaged in shipbuilding and other industries essential to the production of war implements; we have two medical schools operating upon an accelerated schedule, and we have, or should have, a defense organization adequately manned with physicians. Los Angeles is, of course, in almost the same situation except that the city lies 15 to 20 miles from the coast. The above activities cannot be carried on by the physicians over 45 years of age, and those unfit for military duty, who must, in addition, put in more hours in private practice with so many of their co-officers called into service.

In view of the above circumstances I fear that, on its present volunteer basis, the physicians' time and energy remaining for civilian defense will be inadequate for the task in hand.

Sincerely yours,

J. MARION READ, M. D.,
Medical Aid Supervisor, Western Zone,
Disaster Relief Commission.

FLORIDA MEDICAL CENTER,
Venice, Fla., November 6, 1942.

Hon. CLAUDE PEPPER,
United States Senate, Washington, D. C.

MY DEAR SENATOR: Allow us to congratulate you and your committee on bringing to the attention of the public the methods used by our armed forces in recruiting doctors at the expense of the civilian population. We would like to cite a typical example of the way it has been handled in a locality in your own State.

Six months ago the Florida Medical Center, of Venice, which serves the entire area between Sarasota and Punta Gorda, had three doctors on its staff. On November 1 the last of our three doctors was inducted into the Medical Corps, leaving not only the hospital without a doctor but the entire civilian area from Sarasota to Punta Gorda and from the Gulf to Arcadia, an area of 8,025 square miles, without a single practicing physician.

During this same period the Army Air Force has established an air base at Venice, and maintains a medical corps of five doctors. This camp now has no hospital facilities and sends all casualties to MacDill Field, Tampa, a distance of 78 miles, while at the same time five doctors assigned to the Army air base here are of no practical value to this community.

We trust you will consider this information as given you, not from any selfish motive but entirely in the hope that you may be able to use it in your campaign to remedy the grossly inefficient methods being used in leaving large areas entirely without medical protection.

Sincerely yours,

WM. W. COLTON, Superintendent.

DEPARTMENT OF PUBLIC WELFARE,
THE CITY OF SPRINGFIELD INFIRMARY,
Springfield, Mass., October 29, 1942.

Hon. Claude D. PEPPER,
United States Senate, Washington, D. C.

MY DEAR SENATOR: A radio commentator recently announced that you have become chairman of a committee to investigate the need for calling to military service great numbers of physicians and surgeons by the Army and the Navy.

In connection with this subject I have been impressed with the fact that large numbers of these members of the medical profession have been employed in purely administrative duties rather than in the administration of medicine and the performance of surgical duties for which they were originally trained.

Rules of the medical service seem to limit the grade to be attained in the Medical Administrative Service to that of captain (in the Army) and all positions as superintendents of hospitals must be held by medical or surgical technicians. In civilian life the business of most of our large hospitals is carried on by lay administrators, who are businessmen with special training, rather than doctors. The membership in the American College of Hospital Administrators is largely of this class. In other words, the business administration and the technical service in hospitals today are two separate functions.

If some plan could be evolved so that the plan so universally accepted in peacetime hospitals could be adopted by the armed services, men skilled in the matter of hospital administration could be employed and medical and surgical technicians now employed in this service could be released to practice the profession for which they were originally educated and trained.

I respectfully submit this statement for consideration.

Very sincerely,

WILLIAM J. MCCANN.

WILMINGTON PUBLIC SCHOOLS,
Wilmington, Del., October 29, 1942.

The Honorable CLAUDE PEPPER,
The United States Senate, Washington, D. C.

MY DEAR SENATOR: I wish to commend your action recommending that the President be directed and authorized to make a survey of the medical services available to the American people and the armed services. A survey of this kind is long overdue. No profession should be permitted, under the law, to determine the number of persons who are to be admitted to that profession. The American Medical Association has for years restricted admission to its own ranks under the pretext that they were safeguarding the quality of service provided the people. Out of 1,300 young men who applied for admission to the University of Michigan Medical School in 1940, only 120 were admitted. Now, when we need perhaps 200,000 doctors to supply our armed services and civilian needs, we find ourselves with only 140,000, many of whom are too old to render effective service.

As a school superintendent for years, I have seen some of our most able students refused admission to various American medical schools upon various pretexts such as: they are forced to limit their enrollment because they do not have the equipment to take care of additional students; the student does not have enough money to insure that he will be able to complete the course; and the classic of all was the statement emanating from the University of Michigan, where they told the students that there were not enough cadavers available to admit more than 120 students.

The fact that the medical schools artificially restrict the number of students admitted can readily be verified by writing to the American Medical Association and securing from them their bulletin listing all of the medical colleges and the number of students which these colleges are permitted to admit each year.

I personally know the case of a young man who was refused admission to three or four eastern colleges because "He did not have enough money to insure that he could complete the course." Unable to secure admission to any American college, he went to the University of Vienna. Upon his arrival at the university, the dean refused to admit him because he had received a telegram from the American Medical Association commanding them not to admit him because he had been refused admission to any American medical college and not until he cleared up the fact that he had been refused admission not because of any crime but merely because he did not have any money, was he finally admitted. This young man completed both the University of Vienna and the University of Zurich and came back to the United States to do his internship at the General Hospital in Highland Park, Mich. The American Medical Association attempted to have him dismissed from the hospital because he had not done his work in this country and also attempted to prevent the Michigan State board from granting him a license to practice medicine.

I hope you will press this matter to a satisfactory conclusion. I should like to repeat that no profession should be permitted to limit the admission to its own membership without any responsibility to the public it is designed to serve. Some agency of the Government should determine how many doctors this country and its armed services need. The public has too much at stake in a decision of this kind to entrust the decision to one of our greatest professions.

Respectfully yours,

W. H. LEMMEL,
Superintendent of Schools.

STATE MEDICAL ASSOCIATION OF TEXAS,
San Angelo, Tex., October 29, 1942.

Senator CLAUDE PEPPER,

Chairman of the Labor Subcommittee on Manpower,
Washington, D. C.

DEAR SENATOR PEPPER: Some few days ago I wrote Senator Connally making certain requests of him, and the contents of said letter are very similar to this one. I am writing you as I note that you are chairman of the Labor Subcommittee on Manpower and have something to do and say relative to the unfair and disproportionate method of selecting medical personnel for the Army.

As you know, San Angelo, Tex., is in the center of the Nation's largest mear-d wool-producing areas and consequently is the medical center of a vast area of west Texas to where all major medical and surgical problems are taken for proper medical and hospital care. The city of San Angelo has never had ample hospital facilities. One-third of the hospital facilities in the Clinic-Hospital of San Angelo, a privately owned institution whose staff has been and continues to be so depleted that it will be necessary for it to close its doors in the very near future, thus depriving this section of the State of necessary and adequate hospital facilities. This will create a status of extreme emergency for the civilian army and which will be further exaggerated due to the fact that San Angelo has two very large air bases which naturally very materially increases the burden on medical and hospital facilities, thereby creating an extremely dangerous situation from the standpoint of public health and essential medical care.

It is a very definite fact that at the present time Texas has produced 113 percent of her quota of doctors for the armed service and many more are being called into the service daily. It is my understanding that it was the object of the procurement and assignment committees, so far as doctors are concerned, to properly select doctors so that no important community and no important hospital should be materially affected, which policy, if he, has certainly not been adhered to and is creating extremely dangerous shortages. I wish in this connection to specifically mention to you the above-named hospital, namely, the Clinic-Hospital of San Angelo, which is privately owned, staffed by eight doctors. In my opinion, two or 25 percent of this hospital's staff would have been ample for them to sacrifice, but as the situation is, three have already been called and departed, one has his orders to report on November 8, one has orders to report on November 11, and one is expecting his orders daily; therefore, the loss of six out of eight men will necessarily necessitate the closing of this institution, thereby depriving this section of Texas of the necessary medical facilities, which situation has come about by harassing the doctors and apparently a disinterested and unconcerned attitude of the powers that be to create such a situation without knowledge of what they were doing and refusing to lend a hearing ear to the

facts as there has been an effort made to cause them to see the situation as it should be.

This hospital has associated the only exclusive obstetrician in this section of the State and who has booked for delivery 250 expectant mothers within the next 120 days. In this respect, my making a request to you for assistance is equivalent to these 250 expectant mothers and many others for further future dates standing as an audience before you requesting you to give them qualified medical care and ample hospital facilities to forego their expected period of motherhood. I am submitting this proposition to you even though you do not represent Texas, if there is anything possible you may do to assist me in correcting this situation, same will be greatly appreciated, and it will certainly be an extreme favor to the civilian section of this part of the United States.

As above stated, three men from this hospital have already reported for duty, three more have orders or expect orders immediately, and I would like to list the following with request that their orders, if possible, be either rescinded or withheld in order that the situation will not be produced that will be after their departure.

Orders received and desired rescinded are: Dr. D. D. Wall, ordered for duty on November 8; Dr. R. M. Finks, ordered for duty on November 11; and Dr. Victor E. Schultze, expecting orders daily.

You will note that I am counselor for the fourth district of the State Medical Association of Texas, and it is my jurisdiction and endeavor to see that there is adequate medical attention left for the needs of the civilian population and at the same time supply the military personnel with all possible available doctors. I have given this matter much time and thought with the view of getting the best results for all concerned and it is my sincere hope that something may yet be done toward retaining the above mentioned doctors which, if done, would avoid a very dangerous and critical situation.

Thanking you for any assistance that you may give in this respect, and with best wishes, I am,

Very truly yours,

R. E. WINDHAM, M. D.,
Counselor, Fourth District.

V. LETTERS FROM OFFICIALS OF AMERICAN MEDICAL ASSOCIATION AND PROCUREMENT AND ASSIGNMENT SERVICE

CLARK COUNTY MEDICAL SOCIETY,
Vancouver, Wash., November 10, 1942.

Senator CLAUDE PEPPER,

United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: In regard to the testimony recently given by Dr. Sydney Garfield and Mr. Henry Kaiser before the Senate Labor subcommittee, and as quoted by the Associated Press, the Clark County Medical Society would like to correct the following misstatements.

First, Dr. Garfield states that because there is an acute medical shortage in Vancouver, Wash., it is necessary that his contract medical organization have the privilege of receiving doctors through the Procurement and Assignment Division. He further states that the State and county medical societies have threatened him and used coercion in preventing him from getting doctors from this source. This last statement is absolutely false. The local medical society has attempted to cooperate in every way with the Kaiser Co. and their subsidiary medical organization, the Northern Perment Foundation.

Dr. Garfield states "there are at present only 15 doctors in Vancouver and the medical situation here is fast becoming acute." As a matter of fact there are 21 doctors practicing in Vancouver as well as 19 contract physicians at the Northern Perment Foundation. Vancouver, Wash., has more doctors per capita than most localities in Washington at the present time. There is at present in Vancouver 1 doctor to 1,800 people, as contrasted to the ratio of the following localities in the State:

Bremerton.....	1 to 2,700
Everett.....	1 to 2,000
Tacoma.....	1 to 1,900
Seattle.....	1 to 1,300

The statements as made by Dr. Garfield before your committee are aimed primarily to enable him to establish a medical corporation which will deny the Kaiser Co. employees free choice of physicians.

The Clark County Medical Society and the Washington State Medical Society are not opposed to the prepayment plan of medical care, as a matter of fact we offered such a plan to the Kaiser Co. for the care of their employees at a lower figure than they are at present paying. Our plan allowed the free choice of physician which is not offered to their employees at the present time.

We would like to bring these facts to your attention and refute the statements made by Dr. Garfield implying, first, that Clark County Medical Society is using any coercion in preventing the Northern Permanente Foundation from securing physicians and, secondly, to refute the impression that organized medicine in this area is failing to provide the highest standards of medical care.

Sincerely yours,

JOHN H. HARRISON, M. D.

PROCUREMENT AND ASSIGNMENT SERVICE OF SOUTH CAROLINA,
Due West, S. C., November 4, 1942.

SENATOR CLAUDE PEPPER,
Washington, D. C.

MY DEAR SENATOR: I am writing in regard to your release of October 28 to the press and radio concerning the recruiting of doctors from the Southern States. Your statement has had rather wide circulation and has led to much misunderstanding on the part of those who are not acquainted with the real facts in the case. As quoted in the press, your statement does not accord with the facts and leads to irresponsible talk and, hence, may do a great deal of harm.

You state, "Unplanned recruiting of doctors leads to health problems." The fact is that as early as 1939 the American Medical Association projected plans to prevent the evils of the last war. The preparedness program was formulated, and every doctor in America was called upon to sign blanks stating his age, specialty, and facts regarding his general practice. His essential need to his community was passed upon by a committee of doctors from his State. All this information was carefully tabulated at the headquarters of the American Medical Association in Chicago. Hence, when the emergency came on December 7, 1941, the American Medical Association was ready and prepared for immediate action. I know of no other organization and of no Government agency that was so thoroughly prepared. Certainly the United States Senate was not prepared, and even yet seems undecided about many things.

Following the outbreak of the war, the Procurement and Assignment Service was set up and began to function without delay. You seem to be entirely ignorant of the purpose and operation of this service. Speaking for South Carolina, I can assure you that the induction of doctors into the Army has been orderly and has not rendered medical care for the civilian population impossible, even though we have furnished 171 percent of our quota. Moreover, we will be able to furnish our quota for 1943.

You speak of some counties where there is only 1 doctor to 7,000 population. This is certainly not true in South Carolina. Can you name two counties where this condition does exist?

You state that the foolish and dangerous methods used to recruit physicians for military service have resulted in hoarding and freezing unused doctors in the American armed forces in a ratio double that of the British. Our ratio is 6.6, the British 4. Why not state the facts? Moreover, while we do not contend that our methods have been perfect, still if our methods are foolish and dangerous, what would you suggest as wise and safe? For my part, I would far rather leave the medical needs of our forces to the Surgeon General and his staff than to the politicians. And I submit that a sick person, even in the Everglades of Florida or the swamps of South Carolina, has a better chance of medical aid than our sons in the Solomon Islands.

All of your suggestions as to remedies have been in operation for months. This information was available to you if you had sought the facts. Our South Carolina recruiting board was discontinued as early as June 26 last.

Your statement is an unwarranted reflection on the men who have given of their time and service, without money and without price, in this important work. Dr. Frank Lahey, as chairman of the directing board of procurement and assignment, has visited practically every State in the Union in promoting and perfecting this work. He is a tireless, honest, efficient, and fearless worker. He is better

informed on medical needs as regards both our civilian population and armed forces than any man in America. His work should not be hampered by such unjust and uninformed statements as you have made.

You may regard this letter as presumptuous on my part, but I want you to know that those of us who have labored patriotically in this service for years do not appreciate your biased and destructive criticism.

Most respectfully,

W. L. PHIBBS, M. D.,
Chairman, Procurement and Assignment
Service of South Carolina.

P. S.—Only yesterday I had a meeting of the procurement and assignment service committee of South Carolina. Only one area reported a shortage of doctors in civilian practice. This can be remedied by replacement.

W. L. P.

AMERICAN MEDICAL ASSOCIATION,
Chicago, November 7, 1942.

HON. CLAUDE PEPPER,
United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: Please accept my thanks for your telegram of November 6 informing me that the telegram which I addressed to you on the same date will be made a part of the permanent record of hearings before the subcommittee of which you are chairman.

I wish to assure you again that the American Medical Association has no purpose to serve in connection with the various matters that have been brought up in discussions before your committee other than the purpose of being as helpful as possible to the Federal Government in all phases of the war program with respect to which the American Medical Association can possibly be helpful.

The survey undertaken by the American Medical Association, referred to by one or more persons who have appeared before your committee, was undertaken at the direct request of an official agency of the Federal Government. Long before war was declared, the American Medical Association in communications addressed to the President of the United States and to various other Government officials offered the entire facilities of the association to be used in any possible manner that could contribute to the success of any program that might be essential in case our Nation became involved in war and, irrespective of statements that may emanate from any source, the American Medical Association has done nothing more nor less than what it could do to support all agencies of the Government that are concerned with medical and public-health aspects of the national war program.

The American Medical Association has had nothing whatever to do with the assignment of military personnel. The association has attempted to comply with all requests emanating from official agencies of the Federal Government for information or for specific suggestions specifically requested. Representatives of the association have participated in many conferences called by Federal officials but has never attempted to dominate any situation, nor has it attempted in any instance to dictate appointments of members of any official committee, commission, or other agency of the Federal Government.

I have just examined in rather cursory fashion some of the statements made by individuals who have appeared before your committee. I note in one place a statement from which the inference might reasonably be drawn that the American Medical Association had "fixed" or had unduly influenced allotments of physicians in the several States. Such allotments were fixed in Washington and not by the American Medical Association.

I sincerely hope that whenever you may come to Chicago you will honor us with a visit to our offices so that you may see for yourself at first hand the nature and the scope of the work the American Medical Association is attempting to do in its efforts to be helpful to the National Government and especially with respect to the war program. We shall feel highly honored to have a visit from you or from any or all members of your committee, and shall be glad to have you see for yourself, or yourselves, exactly what has been done and how the information secured has been made available to the Government.

Please let me say again that the survey made by the American Medical Association was made at the request of an official agency of the Federal Government,

and that the information secured through this survey has been made available to established Federal agencies as fast as necessary compilations could be effected.

With very great respect and my sincere good wishes, I am

Very truly yours,

CHARLES L. HYSER.

VI. THE DENTIST IN THE WAR EFFORT

CHARLES L. HYSER, D. D. S.,
New York, December 10, 1942.

Senator CLAUDE PEPPER,
Senate Committee on Education and Labor,
Senate Building, Washington, D. C.

DEAR SENATOR PEPPER: I am enclosing two copies of the plan about which I have written, draft A and draft B.

Draft A was worked out almost wholly as a military measure. It is the draft which the President ordered General Hershey to try. We now know that the General has a limited authority to force any draftee to have himself rehabilitated. After he and I had spent considerable time trying to find a way to fit it into the frame of things as they are, we decided that an Army Induction center would be the place to set up at least one pilot plant. Secretary Stimson's reply was that the Army Dental Corps was able to care for the Army's expanding needs. If a rehabilitation of the mouths of these men is contemplated then it just cannot be accurate.

Draft B is a further development of the plan, on a more permanent basis, as evolved for civilian use. Draft B, while essentially the same, contains, I think, the answers to some of the objections that might be made to a "complete mechanization" of the profession.

Mr. Lamb asked me whom I represented. May I put the answer this way? One hundred and four million people in this country do not go to dentists at all—24,000,000 receive poor dentistry when they do go (quoted from Carnegie Report of Dr. Louis Weed 1939). I speak for them. Quite a number of scientists, both physicians and dentists, have cooperated in developing this plan. I speak for them. At a meeting (of the Dental Society of the State of New York, December 8, 1942) Dr. Leon L. Abbey, president-elect, said that "the appalling prevalence of dental cripples" emphasized the need for a great educational campaign among the public as well as a rehabilitation program. These twin remedies he declared would change the "shocking" situation regarding the dental needs of the Nation. He called for a "vast rehabilitation" program (New York Times, December 9, 1942). I might almost claim to speak for organized dentistry.

No plan, Senator Pepper, can succeed or be of any permanent value unless some way is devised that increases the output of the profession as a whole. If my calculations, as set forth in the plan, are only reasonably correct, we can increase the manpower immeasurably by increasing the power of the man. It would certainly increase the manpower of the present Army and Navy. Because this is true and because the matter is urgent I should like very much to present this to your committee at a hearing. May I have the opportunity?

Faithfully yours,

CHARLES L. HYSER.

PROPOSAL FOR SWIFT "MASS" RECLAMATION OF MEN DISQUALIFIED FROM MILITARY SERVICE BECAUSE OF DENTAL DEFECTS

In the first draft of 1,000,000 men, 20.9 percent, or approximately 200,000 men, were disqualified because of dental defects. In the proposed draft of 7,000,000 men, the number disqualified would presumably be a like percentage, or 1,450,000 men.

PREMISES

The present proposal rests upon the following premises:

1) That in the present emergency dental defects should be dealt with separately because they differ from other health disqualifications in that most dental defects can be removed by definite procedures within a definite time.

(2) That vast economies, in both time and money, can be effected by dealing with all the dentally rejected men together in one place by a belt-line procedure, and that these economies cannot be effected by another procedure.

(3) That the mechanical part of dentistry—a very large part of it—is susceptible to a type of organization whereby mechanical procedures are accomplished economically under expert mechanical operators in a belt-line system, under the supervision of more comprehensively trained dentists.

(4) That no compromise in quality of dental work is involved. On the contrary, the work should be better than average dental work anywhere for two reasons: First, the efficiency of the belt-line operators (commissioned Army dentists) would become progressively more expert under this intensive practice and training; and, secondly, because the plan provides for the highest type of dental and medical supervision.

The quality of the work done could hardly fail to be of consistently higher grade than, for instance, the sometimes good and sometimes bad dental work done on a different principle during the last war at Camp Upton (where the writer of this memorandum served in the Dental Corps).

The work done on every man must be done from the point of view not only of restoring him rapidly to the national service but also of so rehabilitating his mouth that he thereafter, whether in military service or civilian life, would need a minimum of dental service.

(5) That there is no existing Federal agency equipped and competent to do the rehabilitation work proposed in the necessary concentrated manner.

THE PROPOSAL

The proposal is, therefore, that the Federal Government, through an especially commissioned board, acting as a part of the national defense organization, or as an especially commissioned part of the military service, would set up a dental rehabilitation camp. Into this men with dental defects would be inducted, with such provision for military training as would be consistent with the period required for dental rehabilitation.

The board, for which an especial mandate from the Government is now asked on the basis of the present emergency, consists of a group of especially trained dentists throughout the country, capable of organizing and supervising the work to be done in the proposed dental rehabilitation camp. The dental operators working under their direction would be commissioned officers in the dental service of the Army and the Navy.

By the procedure outlined below, 75 percent of the present 20.9 percent could probably be rendered acceptable for service in a short time at low cost.

DISCUSSION

While those who know dental work will probably not need to be convinced of the practical validity of this plan, those that have no practical knowledge of dentistry would perhaps wish more concrete presentation of some of the premises outlined above:

It is in order first of all to discuss the premise that dentistry is largely a mechanical art; and that the mechanical procedures of dentistry are susceptible to the kind of organization outlined here.

Few will dispute the statement that whatever else a good dentist is, he must be an excellent mechanic. The exquisitely careful mechanical work needed in dentistry is responsible for the fact that a dentist can deal with only one or two patients in an hour if his work is to be sound. Yet it is also true that a great many steps in, for instance, the preparation of a bridge, a filling, or an inlay do not require the services of a thoroughly trained dentist, and that the faculties of a first-rate all-round dentist are indeed wasted in being thus applied. The time has passed when dentists can wisely undertake to do their own laboratory work. The use of novocain and the gold inlay created a new modern dentistry. The development of the X-ray showed the dentist how little he knew about root canal work and how many cavities are not discoverable by manual exploration. The work of the dental technician became a constant and necessary adjunct to the dentist's own labors, and it is now generally recognized that the work of the good dental technician surpasses the fabrications of the dentist himself.

While for every mouth that is in need of dental care the diagnostic and supervising skill of first-rate all-round dentists is necessary, a great deal of operative

dentistry is purely mechanical. The rules for preparing cavities, for instance, are entirely definite. They require—

- (1) The removal of all decay.
- (2) Prevention of recurrence of decay.
- (3) Preparation of the cavity so that it will retain the filling.

In addition, there must be the carving and shaping that produces a perfect filling, but this also is a mechanical process. In preparing cavities for inlays, the individual practitioner consumes a good deal of time, a not inconsiderable part of which goes into changing instruments and making various preparations for taking impressions and bite. Organization of these stages by allotting purely mechanical processes to competent mechanics (dentists, of course) would definitely shorten the time involved in the whole procedure.

It is true that there are certain cases to which the system would not be adaptable, for instance, deep and complicated cavities (which would too greatly slow up the line), root canal work, and edentulous mouths. These require individual and unified treatment which would have to be separately provided for, but the percentage of this type of work is small.

Essential in this setup is a consulting staff or diagnostic board composed of fundamentally trained dentists competent in every diagnostic procedure and capable of planning the work on the mouth as a whole for every patient. Under the guidance of a member or members of this board every patient's mouth would be accurately charted and instructions prepared for every mechanic. This board also, or part of it, would pass upon the finished work with reference to every patient. The chief of staff would definitely assume responsibility for the finished work in the case of every patient. If the responsibility is delegated elsewhere, it must be to supervisors as broadly trained as the chief and as capable of judging the work done in the mechanical belt line.

When the consultative work has been done, the diagnosis comprehensively made, and work planned for the given patient on the basis on the whole month, operation passes to a "battery" of dental operators.

In the operative work, the battery of 10 chairs might consist of 5 to be used by men doing nothing but preparing cavities, 2 to be used by men doing nothing but taking impressions, 3 to be used by men doing nothing but fitting the inlays. If the group preparing the cavities turned out 4 each per hour, the rest of the group could take the impressions and fit them; this group of 10 could thus easily finish 20 inlays per hour, or 160 per day.

In the prosthetic work, a similar battery of 8 might consist of 2 taking impressions (with the new colloid impression material it is easily possible to take 5 impressions for bridges or partial dentures per hour, if everything is ready and the inlays are fitted and completed); 2 taking bites and choosing the colors; and 4 fitting the bridges and dentures. This prosthetic group would be capable of finishing 10 partial dentures or bridges per hour, or 80 in an 8-hour day.

In the synthetic filling work, a battery of 10 might include 4 to prepare cavities, 4 to fill them, and 2 to polish. It is assumed that each operator drilling could easily prepare 6 per hour which the others could finish. This set-up would apply to amalgam fillings as well. Inlays by the indirect method to be used whenever possible because more patients can be treated and the technicians do most of the work in the laboratories.

About 2 surgeons, 2 radiologists, 8 hygienists, and 2 supervising dentists. This group of 42 operators, working at full capacity, could turn out daily about 200 synthetic fillings, 160 inlays, and 80 dentures and bridges.

A completely equipped well-manned laboratory of so-called dental technicians would do the casting and finishing of the cases exactly as the commercial laboratories do at present for practically all dentists. This laboratory would be an integral part of the clinic.

SAFEGUARDING OF QUALITY

The clinic should not be organized merely as an emergency measure in national defense, urgent though it is in that regard. The work done in the month of every one of these men should be planned for the lifetime of the patient and not regarded as a patching job done merely in order to get him into military service at the earliest possible moment. Every competent dentist will know that in order to do the work in the way best adapted to national defense it must also be done in the way best adapted to the interest of the individual patient.

The plan provides for the approval and acceptance of every piece of work by a broadly trained group. It provides also for the rotation of the commissioned dentists in the various types of mechanical work and thus it insures the training of the operators and the progressive increase in their efficiency.

ESTIMATES OF COST

While figures cannot be wisely given with exactness in advance of the actual working of the clinic, it is possible to make a financial forecast that is based upon reasonable assumptions. It must be emphasized, however, that all the figures that follow are to be regarded merely as reasonably suggestive.

The first of these assumptions is that the dental needs of the 20.9 percent group may be regarded as worse than the dental needs of the average citizen in the total population. The rejected man, according to the Journal of the American Medical Association of October 4, 1941, had an average of 22 permanent teeth attacked by caries. Of 22 teeth having caries, 13 had already been extracted, 2 needed to be extracted, 2 had been filled, and 5 were carious and justified treatment by filling. It follows as a reasonable assumption that the average rejected man needs 5 inlays, 2 fillings, a prophylaxis, X-Rays, and 2 dentures.

The battery of 42 men described above could do only the following:

Inlays: 48,000, 5 per patient; 9,600 patients completed per year.

Bridges: 38,400, 2 per patient; 17,200 patients completed per year.

Fillings: 60,000, 5 per patient; 12,000 patients completed per year.

To work economically and profitably the clinic should handle at least 100 patients per day, or 30,000 per year, and to do that we should need to balance the line as follows:

Number of operators	Per day	Per year	Patients completed
Inlay (32)	510	155,000	31,000
Bridge (13)	208	62,400	31,200
Filling (25)	500	150,000	30,000

Thus to finish 30,000 mouths such as the average rejected draftee's would require 70 operators working 300 days per year, probably about 20 hygienists, 6 surgeons, a staff of chair assistants, clerks, and laboratory technicians. Also to provide for emergency about 5 extra dentists should be employed to fill in the line in order to keep it moving smoothly.

On the basis of these figures it is possible to estimate the approximate cost to the Government for the rehabilitation work.

Salaries:

75 dentists (first lieutenant), at \$2,000	\$150,000
20 hygienists (second lieutenant), at \$1,500	30,000
6 surgeons (captain), at \$2,400	14,400
4 radiologists (captain), at \$2,400	9,600
1 chief of staff (colonel), at \$4,000	4,000
4 subchiefs (major), at \$3,000	12,000
5 noncoms at \$1,200	6,000
15 enlisted men at \$180	7,200
15 laboratory technicians at \$3,000	45,000

Pay roll..... 278,240

Twenty thousand dollars would be a fair estimate for rent in cities like New York where large loft or office building space is readily available. The cost of alteration and plumbing cannot be stated with exactness at this point, but it would not be great.

The cost of material can be approximated.

Reverting to the previous estimate as to number of bridges: It may be assumed that in the average serviceman's mouth (in the 20.9 percent), at least three-quarters of the bridges would be bars, lingual, or palatal. In stainless steel these would cost 50 cents each, in gold about \$1.50. The gold in the inlays would average about \$1.50.

Allowing for an initial investment of \$150,000 for equipment, the following seem to be a rational table of current costs:

Pay roll.....	\$300,000
Cost of gold:	
Bridges.....	82,000
Inlays.....	315,000
Other supplies: Burs, diamond drills, cements, laboratory supplies.....	53,000
Total.....	750,000

This means that on the basis of 30,000 draftees the cost to the Government for each man under the cooperative belt-line system here proposed would be approximately \$25. Thirty thousand men would be added to the service by one clinic in 1 year.

One clinic working 16 hours a day, as it should, would restore 60,000 men to the service within a year.

Twenty-five clinics, working 16 hours a day and finishing 60,000 cases each per year, would restore to the service an average of 125,000 men per month, or 1,500,000 in 1 year, at a total cost of \$37,500,000.

PROPOSAL FOR THE ESTABLISHMENT OF A DENTAL HOSPITAL GRADUATE SCHOOL IN DENTISTRY, AND DENTAL RESEARCH CENTER

PURPOSES THAT UNDERLIE THE PRESENT PROPOSAL

(1) To establish a dental clinic based on an organization of the mechanical procedures of dentistry in a manner calculated to shorten operative time, lessen the cost of dental work, and greatly improve its quality.

(2) To create new standards of dental education by using the proposed clinic not only as a service institution but also as a graduate school in dentistry; in short, to establish dentistry as a science rather than a craft.

(3) To build up a dental research organization around the clinical institution and the teaching center.

It will be in order to consider in some detail: I, the service aspect; II, the educational aspect; and III, the research aspect of the proposed plan.

I. The service institution

It is proposed to establish in New York City a dental institute designed to take care of large numbers of patients in the lower income groups. The New York City "plan" should be a pilot organization, which, in the course of 5 years' operation, could develop the policies and procedures for providing high-grade dental work at minimum cost, through similar institutions in many other cities and towns.

The proposed institution is on the nonprofit principle: funds that accrue—as they expectably will—will be devoted to research or to other measures designed to expand the institution and to increase its serviceability.

Provisions

(1) Some method must be devised for getting dental care to the 80 percent of the population that now do not go to dentists at all, either because they cannot pay for dental service or because they do not realize the importance of defective teeth to general health, employability, and enjoyment of life.

(2) Most of the 80 percent referred to above are unable to pay for comprehensive high-grade dentistry provided by individual practitioners.

(3) The mechanical part of dentistry—a very large part of it—can be so organized, in a belt line, that large numbers of patients can be taken care of more efficiently and at very much lower costs than are possible under the present system.

(4) No compromise in the quality of the dental work is involved.

On the contrary, the work should be better than average individual dental work anywhere for two reasons: First, the belt-line operators would become progressively more expert under the intensive training and practice in the insti-

tute (with a rotation of operators in different mechanical procedures); and, secondly, the plan provides for the highest type of dental and medical supervision.

Moreover, the plan provides for a competent diagnosis and charting of the needs of every month before any work whatever is done. This means that the work done on every month is not patchwork to take care of dental emergencies but a thoroughgoing rehabilitation which will minimize the dental care needed during the rest of the patient's life.

Argument

Since the validity of this plan rests upon a radically changed method of organizing the mechanical procedures of dentistry, it is in order to demonstrate the practicability of belt-line organization and the soundness of the theory that it is possible to take care of large numbers of patients in a short time by having a large number of dental mechanics work under the supervision of a limited number of broadly and profoundly trained dentists. The underlying theory is that the swiftest way to make a real science of dentistry is to distinguish between its mechanical and its scientific or medical aspects.

There can be no question that every month that needs dental care at all needs the diagnostic and supervisory skill of a first class all-around dentist. The actual work on the month, however, does not require this broadly trained, all-around dentist to do all the mechanical work, and, indeed, the faculties of the first-rate profoundly trained dentist are wasted in being thus applied. Just as it is now recognized that the expert dentist cannot wisely undertake to do his own laboratory work, so it is in order to recognize that neither should he carry out in detail all the mechanical procedures involved. Many of these can be sublet to technical operators and should be—for the good of the patient.

The preparation of cavities for instance, can be expertly done by mechanics working under supervision of the broadly trained dentist. The rules for preparing cavities require:

- (1) The removal of all decay.
- (2) Prevention of recurrence of decay.
- (3) Preparation of the cavity so that it will retain the filling.

These are mechanical procedures, within the capacity of expert dental mechanics. So also is the carving and shaping that produces a perfect filling. In preparing cavities for inlays, the individual practitioner consumes a good deal of time, a not inconsiderable part of which goes into changing instruments and making various preparations for taking impressions and bite. Organization of these stages by allotting purely mechanical processes to competent mechanics (dentists, of course, but not necessarily competent in the full scientific and medical implications of dentistry) would definitely shorten the time involved in the whole procedure.

It is true that there are certain cases to which the system would not be adaptable, for instance, deep and complicated cavities (which would too greatly slow up the line), root canal work, and edentulous mouths. These require individual and unified treatment which would have to be separately provided for and carried out in the dental institute proposed under a system apart from the belt line.

Essential in this set-up is a consulting staff or diagnostic board composed of fundamentally trained dentists competent in every diagnostic procedure and capable of planning the work on the month as a whole for every patient. Under the guidance of a member or members of this board every patient's mouth would be accurately charted and instructions prepared for every mechanic. This board also, or part of it, would pass upon the finished work with reference to every patient. The chief of staff would definitely assume responsibility for the finished work in the case of every patient. The assistant supervisors to whom he might delegate a part of this responsibility must be as broadly trained as the chief and as capable of judging the work done in the mechanical belt line.

When the consultative work has been done, the diagnosis comprehensively made and work planned for the given patient on the basis of the whole month, operation passes to a "battery" of dental operators.

In the operative work for inlays a battery of 10 chairs might consist of 5 to be used by men doing nothing but preparing cavities, 2 to be used by men doing nothing but taking impressions, 3 to be used by men doing nothing but fitting the inlays. If the group preparing the cavities turned out 4 each per hour, the rest

of the group could take the impressions and fit them; this group of 10 could easily finish 20 inlays per hour, or 160 per day. Inlays by the indirect method should be used whenever possible because more patients can be treated and the technicians do most of the work in the laboratories.

In the prosthetic work a similar battery of 8 might consist of 2 taking impressions with the new colloid impression material it is easily possible to take 5 impressions for bridges or partial dentures per hour, if everything is ready and the inlays are fitted and completed; 2 taking bites and choosing the colors; and 4 fitting the bridges and dentures. This prosthetic group would be capable of finishing 10 partial dentures or bridges per hour or 80 in an 8-hour day.

In the synthetic filling work a battery of 10 might include 4 to prepare cavities, 4 to fill them, and 2 to polish. It is assumed that each operator drilling could easily prepare 6 per hour while the others could finish. This set-up would apply to amalgam fillings as well.

Add 2 surgeons, 2 radiologists, 8 hygienists, and 2 supervising dentists. This group of 42 operators, working at full capacity, could turn out daily about 200 synthetic fillings, 160 inlays, and 80 dentures and bridges.

A completely equipped, well-manned laboratory of so-called dental technicians would be the casting and finishing of the cases exactly as the commercial laboratories to be present for practically all dentists. This laboratory would be an integral part of the clinic.

Estimates of cost.

While exact figures cannot be wisely given in advance of actual experimentation, it is possible to make a financial forecast that is based upon reasonable assumptions.

The first of these assumptions is that the dental needs of the adult poor, in which interest this dental institute would first be established, may be regarded as worse than the dental needs of the average citizen in the total population. According to the Journal of the American Medical Association of October 4, 1941, the man rejected for dental defect at that time (who may be reasonably regarded as representative of adult civilians of the lower economic group, to the interest of which this proposal is first addressed) has an average of 22 permanent teeth attacked by caries, 13 that had already been extracted, 2 that needed to be extracted, 2 that had been filled, and 5 that were carious and justified treatment by filling. It follows as a reasonable assumption that such a month would need 5 inlays, 2 fillings, a prophylaxis, X-rays, and 2 dentures.

The battery of 42 men described above would accomplish the following:

Inlays: 48,000, 5 per patient; 9,600 patients completed per year.
Bridges: 38,400, 2 per patient; 17,200 patients completed per year.
Fillings: 60,000, 5 per patient; 12,000 patients completed per year.

But for the maximum economy the clinic should handle at least 100 patients per day or 30,000 per year. To make this possible, the line would need to be balanced as follows:

Number of operators	Per day	Per year	Patients completed
Inlay (32)	510	153,000	31,000
Bridge (14)	218	62,400	31,200
Filling (12)	560	150,000	30,900

Thus to finish 30,000 adult months in a condition similar to that of the rejected draftee cited above would require 70 operators working 300 days per year, probably about 20 hygienists, 6 surgeons, a staff of chair assistants, clerks, and laboratory technicians. Also, to provide for emergency, about 5 extra dentists should be employed to fill in the line in order to keep it moving smoothly.

The cost of dental work on children must be estimated according to entirely different principles. The work for children would be simpler, it would be different, it would be less expensive. An entirely different table of procedures and costs must be drawn to cover the children's work.

The system proposed is notably applicable to the difficult field of orthodontia. It would follow that malocclusion, now so frequently not dealt with at all or attempted at too late a stage, would be within the reach of practically everyone. A case that under the present system ordinarily costs from \$500 to \$2,000, could be corrected, on a mass basis, for from \$50 to \$100.

Returning to consideration of the adult month in the lower economic group: the approximate cost of rehabilitating 30,000 adult months of the type described above may be estimated as follows:

Staff	Average yearly salary per man	Total
75 dentists	\$3,000	\$225,000
20 hygienists	1,500	30,000
3 surgeons	4,000	12,000
2 radiologists	3,000	6,000
5 department heads	10,000	50,000
15 laboratory technicians (including executive)	3,000	45,000
20 chair assistants	1,500	30,000
15 clerical	1,500	22,500
Executive staff: Comptroller, director, consultants, etc.		420,500
Total pay roll		470,500

In the average adult month in the group to which this proposal is addressed, at least three-quarters of the bridges would be bars, lingual or palatal. In stainless steel these would cost 50 cents each; in gold, about \$1.50. The gold in the inlays would average about \$1.50.

Cost of materials can only be suggested:

Supplies: Estimated about \$800 per operator per year	\$80,000
Cost of precious metals, stainless steel, teeth, acrylic, etc.	250,000
Payroll	470,500

Total.....\$780,500

Cost per patient:

Less than \$30 per month should cover the rehabilitation costs, on the basis of 30,000 months.

In this consideration of costs it is important to remember that the figures are referred to mouths comparable to those of the 20.9 percent draftees rejected for dental defect. The remaining 79.1 percent, or four-fifths of the draftees (or of the adult population generally), would have mouths that could be rehabilitated more easily and more cheaply.

The original investment in plant and equipment cannot be reasonably figured. The dental equipment, chairs, engines, lights, and instruments should be about \$150,000, but the building or space for the clinic will depend entirely on the money available and the desires of the board of directors. An adequately equipped building needs to be neither elaborate nor expensive; to make it either of these things would be both bad business and bad psychology.

II. Relation of the proposal to dental education

All the world knows that dental education throughout the country is in need of radical reorganization—as much in need of it as medical education was in 1900. The improvement of dental education depends upon the development of dental science established in its true relation to medical science as a whole.

The present institution cannot fail to establish the highest standards for dental diagnosis and for every type and grade of dental operative work. The establishment of these standards cannot fail to influence the organization of teaching in the present dental schools. It is not hard to force the time when every first-grade dental student will expect to serve an internship in one of these clinics. The type of work done in the clinics will establish standards which the public will understand and appreciate—and demand in dental practice everywhere. The whole course of dental education, moreover, will be influenced by the Clinic's research activity outlined below. The men that go out from this dental institute, and the fellows from its graduate school, will create a community of dental scholars who will be in charge of the dental educational institutions of the future. By evolutionary process, dentistry, under the influence of such clinics and research centers, must become a field as dignified and as fascinating as any other branch of medicine.

Students of this plan may here raise the question as to whether the emphasis on expert mechanics in the staff of the dental institute will not tend to emphasize the mechanical rather than the scientific nature of dentistry as a whole. It is quite true that the dental operators on the staff of the institute, working under the supervision of broadly trained dentists are being paid for expert mechanics rather than for dental wisdom generally. At the same time they are doing this mechanical dental work in the institute at a reasonable salary; however, they have available the resources for postgraduate work and for research. For these activities they are not paid; their salary is for their expert mechanical contribution, but they are daily surrounded by all the opportunities for profound training in the broader aspects of dental science. They are not doomed to be mechanics forever.

It may also be practicable—and this experiment will test the hypothesis—to develop two groups of dentists, i. e., (1) the broadly trained man of dental science and (2) the expert mechanical technician, working always under control. We can hardly evade the fact that some of the best mechanics in the world are incapable of the broader scientific training in medical science that will make them fully equipped master dentists.

III. Relation of the proposal to dental research

Dental research at present is at low ebb. This is a necessary consequence of the present status of dental education and the development of dental science.

A carefully planned research organization should be a part of the dental institute or clinic, from the beginning. The clinic, institute, or hospital here proposed offers basic facilities for a much needed research center in dentistry. The research facilities involved in the clinic include—

- (1) Usually large numbers of patients;
- (2) All kinds of mouths and all grades of dental needs;
- (3) A diagnostic group of medical and dental men, leaders in their respective fields; and
- (4) Competent laboratories.

What the dental clinic does not include are the basic science laboratories that are to be found only in a great university. Clearly dental research work needs to be carried on with all the resources of chemical and physical laboratories and all available counsel from university departments of anatomy, physiology, medicine, pediatrics, genetics, and anthropology. The institute's planning board for research should include outstanding figures in all of these divisions and departments.

It seems essential, therefore, that, on the research side, the dental clinic, institute, or hospital should be, from the beginning, associated with the laboratories and departments of a great university and that the research program should be worked out cooperatively between those in charge of the clinic and a university. In the course of time the service unit and others that may be established should become the clinical center for research in all first-grade universities that have a conception of the importance of dental science.

It is really the research organization associated with this clinical unit that will create that preventive dentistry which has so long been an obviously needed contribution to the standards of public health.

On standing in the research aspect of the dental institute is the fact that the cost of research is carried along as an integral part of the finances of the institute and is not dependent on research grants from outside sources. This means that the research is permanent, continuous, and progressively expanding, an essential and fundamental part of the service and educational functions. The cost of the research is a fixed part of the service fee.

The present proposal, therefore, seems to offer not only a scientific and economic approach to the thus far insoluble problem of getting high-grade dentistry to the public at reasonable cost but also to the problem of preventive dentistry and its undeniable relation to general health, to productivity, employability, and capacity for enjoying life.

HOT SPRINGS NATIONAL PARK, ARK.

October 29, 1942.

Senator PEPPER.

Washington, D. C.

DEAR SENATOR PEPPER: The ratio of dentists to civilian population in Arkansas is 1 dentist to each 6,000 people. There are some counties in this State without dentists.

This is called to your attention because of your recent stand regarding importance of adequate civilian medical care.

The ratio of 1 dentist to each 6,000 of population is data, I am informed, that has been worked out by the procurement and assignment group of the American Dental Association.

I believe General Mills, of the Army Dental Corps, will verify these figures.

Better dental care means better general health.

Production can be slowed down by dental ailments.

Very truly yours,

MILLARD D. GIBBS.

SAN FRANCISCO, CALIF., November 9, 1942.

HON. CLAUDE E. PEPPER,

Washington, D. C.:

I have noticed that you are interested in the activities of the American Medical Association and its interference with the operation of the war effort. The same holds with reference to the activities of its subsidiary, the American Dental Association, also a private society. The State of Washington is greatly deficient in dental and medical care. The American Dental Association, through its Washington State component, has caused the following condition to exist in the State of Washington: First, the members of the State dental board must be appointed by the Governor from a list supplied by the Washington State component of the American Dental Association. Secondly, group dental practice by chain dental officers serving vast numbers of persons has been banned by an amendment to the dental law fostered by the American Dental Association. Similar influenced legislation prevails in a large number of States. Thirdly, advertising dentists are denied a commission in the United States armed forces, and in addition are threatened by the procurement and assignment service in the State of Washington with induction as privates. Fourthly, the office of procurement and assignment is dominated by the Washington State component of the American Dental Association.

I am forwarding airmail statement of facts supporting the foregoing charges which you may use for any purpose whatsoever.

ALFRED S. HUMPHREYS, Attorney.

PAINELESS PAINKILLER, DENTIST.

San Francisco, Calif., November 10, 1942.

HON. CLAUDE PEPPER,

Senate Office Building, Washington, D. C.

DEAR SIR: On November 9, 1942, my attorney, Alfred S. Humphreys, Esq., of San Francisco, Calif., telegraphed you as follows:

"I have noticed that you are interested in the activities of the American Medical Association and its interference with the operation of the war effort. The same holds good with reference to the activities of its subsidiary, the American Dental Association, also a private society.

"The State of Washington is greatly deficient in dental and medical care. The American Dental Association, through its Washington State component, has caused the following condition to exist in the State of Washington:

"First, the members of the State dental board must be appointed by the Governor from a list supplied by the Washington State component of the American Dental Association.

"Secondly, group dental practice by chain dental offices serving vast numbers of persons has been banned by an amendment to the dental law fostered by the American Dental Association. Similar influenced legislation prevails in a large number of States.

"Thirdly, advertising dentists are denied a commission in the United States armed forces and in addition are threatened by the Procurement and Assignment Service in the State of Washington with induction as privates.

"Fourthly, the office of Procurement and Assignment is dominated by the Washington State component of the American Dental Association.

"I am forwarding air-mail statements of facts supporting the foregoing charges which you may use for any purpose whatsoever.

"ATTORNEY ALFRED S. HUMPHREYS."

Amplifying that telegram and in support thereof, I submit to you the following information:

First, State Dental Board members must belong to the American Dental Association. Section 2 of chapter 92, of the Laws of the State of Washington of 1941 reads as follows, viz:

"S. C. 2. A Board of Examiners to consist of three practicing dentists to be known as the Washington State Board of Dental Examiners is hereby created, whose duty it shall be to carry out the purposes and enforce the provisions of this Act is hereinafter specified. The members of the Board shall be appointed by the Governor from a list of five or more names submitted by the Washington State component of the American Dental Association for each vacancy to be filled * * *."

Second, Group dental practice by Chain Dental Offices serving the masses at low prices is banned in the State of Washington. Section 1 of Chapter 45 of the Laws of the State of Washington for 1937 provides:

"It shall be unlawful for any person to conduct a dental office in his or her name or advertise his or her name in connection with any dental office or offices, unless such person is personally present in said office operating as a dentist or personally overseeing such operations as are performed in said office or each of said offices during a majority of the time said office or each of said offices is being operated * * *."

Third, Dentists who advertise are refused a commission in the United States armed forces and the Procurement and Assignment Service in the State of Washington threatens such dentists with induction as privates, unless they desist from advertising and join the American Dental Association.

THE CASE OF DR. RODNEY R. LANGLOIS

Recently in Spokane a dentist by the name of Rodney R. Langlois applied for a commission in the Army. According to the Spokane newspapers he received the following communication from Maj. Robert L. Coombs, of the Medical Recruiting Board in Seattle:

"A recent directive from the office of the Surgeon General has stated that advertising dentists and employees of these dentists are not acceptable in the Dental Corps of the Army of the United States.

"It is our office appreciates your patriotism in offering to serve in the armed forces, but cannot process your application at this time."

This did not sit very well with the Spokane Spokesman-Review, which instructed its Washington correspondent to look into the matter. The correspondent wrote back, saying in part, "Regulations say nothing about advertising dentists, but Surgeon General's office presumes that rejection of Dr. Langlois was based on holding of Major Coombs that advertising dentists are not ethical."

In an editorial under the caption, "An Outrageous Discrimination", the Spokesman-Review says:

"It seems that admittance of dentists into the Army is not determined on a question of his competence, but on prejudice. Dr. Langlois, whose application was rejected because he was employed by an advertising dentist, passed the same dental examinations and received his State license to practice on the same terms as every other practicing dentist in Washington.

"It is preposterous that he and other qualified dentists like him should be denied Army service. It is as indefensible as would be the exactly parallel case if an A. F. of L. official were in charge of recruiting and refused to let any member of the C. I. O. enlist in the Army."

On the Pacific coast alone there are, I would estimate, at least 500 dentists who practice their profession in the offices of advertising dentists and many of whom are eligible for commissions in the armed forces. These men, as the Spokesman-Review pointed out, are practicing dentistry only after obtaining their college degrees and passing the State board examinations and complying in every way with the laws of the State in which they live.

The Army is going to need good dentists, and there appears to be no reason except prejudice why these men are rejected.

THE CASE OF DR. JOHN I. MARKEY

Dr. John I. Markey had held a commission as first lieutenant in the Dental Reserve Corps. Upon his becoming associated with me in the practice of dentistry and upon such fact becoming known to the War Department on or about August 29, 1938, the following letter was received by Dr. Markey, viz:

HEADQUARTERS SECOND RESERVE AREA,
OFFICE OF THE COMMANDING GENERAL,
Portland, Oreg., August 29, 1938.

Subject: Ethical practice of dentistry.

To: First Lt. John I. Markey, Dental Reserve, 431 Broadway, Apartment 503, Tacoma, Wash.

1. Information has reached this headquarters that the records of the Washington State Dental Association show that you are engaged in unethical practice of dentistry (advertising dentist).

2. To be eligible for a commission in the Dental Corps Reserve you must be engaged in the ethical practice of dentistry. Prior to any action toward terminating your commission, a statement is desired from you regarding this matter.

By command of Major General Bowley:

F. S. BOWEN,
Colonel, Field Artillery, Adjutant.

THE CASE OF DR. G. C. PHETTEPLACE

Dr. Phetteplace, of our Portland office, applied for a commission in the Army and when making his application he visited Dr. Weeks, secretary of the Oregon Dental Board, and received a letter of recommendation from him, in which it was clearly stated that at the present he was employed by Painless Parker. This letter, with other credentials, was submitted to the authorities and his final physical examination was taken July 17 which was Friday, and was told he qualified in this respect. Saturday, July 18, he was informed by Major Voss, Army enlistment officer, that he (Voss) was in receipt of a letter from the Surgeon General's office in Washington, D. C., stating that the application of Dr. Phetteplace would not be recommended due to the fact that he worked for Painless Parker.

Fourth, The office of Procurement and Assignment is dominated by the Washington State component of the American Dental Association. On or about August 21, 1942, the Procurement Office of the State of Washington with Dr. L. L. Foote as chairman of a committee of five, issued a bulletin of that date—copy attached hereto marked "Exhibit A." All five members of the committee are members of the Washington State Dental Society and the American Dental Association. Dr. L. L. Foote, its chairman, has been an officer of the State dental society. Dr. A. W. Jeffery has been its secretary.

On or about August 31, 1942, Dr. L. L. Foote, chairman of the Procurement Board stated: "No advertiser will get a commission and neither will anyone who does not belong to the dental society."

On September 1, 1942, I addressed Capt. G. T. Garnett, of the Selective Service System according to exhibit marked "B," attached hereto. My letter exposes the situation, confirms my prior conversations with the authorities in Washington, D. C., on this subject and a reply was received from Captain Garnett—copy attached hereto marked "Exhibit C" under date of September 11, 1942, in which Captain Garnett places the responsibility directly upon instructions issued by the Surgeon General of the United States Army.

It is indeed deplorable that the health needs of the public should be subordinated to the personal desires and prejudices of the members of a private society. Particularly, in view of the fact that it has been demonstrated both in peace and war that the functioning of this society has been along the restricted path and contributed to a large degree to the national health deficiency.

It is particularly deplorable that the men in control of these national societies deprive civilians and soldiers of the professional services of men thoroughly equipped to take care of their needs merely for the reason that such persons believe in the right to proclaim by advertising to the public the necessity for taking care of the human body.

Yours very truly,

PAINLESS PARKER, D. D. S.

EXHIBIT A

PROCUREMENT AND ASSIGNMENT SERVICE FOR DENTISTS. STATE OF WASHINGTON, Seattle, Wash., August 21, 1942.

To all dentists in the State of Washington under 45 years of age:

IMPORTANT NOTICE

The Dental Recruiting Board has been advised that hereafter they cannot accept the application of any dentist for a commission who has been ordered to report for induction. Every man up to the age of 45 is subject to induction. If you are drafted, the only means of making application for a commission will be through routine channels. Your previous enrollment with Procurement and Assignment does not prevent your induction. The members of the medical and dental profession are given the privilege of making application for a commission before being inducted.

The State Procurement and Assignment Committee advises every man under 45 to apply at once for a commission and submit for a physical examination. The number of rejections due to physical defects must be known. Communicate immediately with Maj. R. L. Coombs, dental recruiting officer, 100 Medical and Dental Building, Seattle, Wash. Making application does not necessarily imply that you will be called for duty in the immediate future. Only through such application will you be able to prevent your induction as a private.

This is your official and final notice from the State Procurement and Assignment Committee to make application for a commission.

Yours very truly,

L. L. FOOTE, Chairman.
C. E. CORNETT,
C. T. FLEETWOOD,
H. I. GILBERT,
A. W. JEFFERY.

EXHIBIT B

SAN FRANCISCO, CALIF., September 1, 1942.

Capt. G. T. GARNETT,
Selective Service System,
Washington, D. C.

DEAR CAPTAIN GARNETT: When I was in Washington in June I called on you, Major Schumate, Major Culligan, and Major Daniel Omer. I told you that the so-called ethical society was putting some pressure on the so-called advertising dentists, and that the first opportunity that I had to task this thing down, I'd let you know.

I feel as reasonably sure as anyone could feel that some of the boys are using the Government as an ethical shield to scare some of those in the advertising business into joining up and making application pronto. And they are, also, telling them that if they are associated in the advertising business, they won't be allowed a commission. I am sending you from the State of Washington, where I am registered, evidence of this practice going on. I would like to hear from you whether it is from their own make-up or whether headquarters in Washington

has told this Dr. Foote what to do and whether he is acting on his own instructions or under a head.

Thanking you for your reply and for previous courtesies extended to me, I am
Very sincerely yours,

PAINLESS PARKER, D. D. S.

EXHIBIT C

NATIONAL HEADQUARTERS,
SELECTIVE SERVICE SYSTEM,
Washington, D. C., September 10, 1942.

Dr. PAINLESS PARKER,

San Francisco, Calif.

Subject: Registrants eligible for commission in the Dental Corps.

DEAR DR. PARKER: Receipt of your letter of September 1, 1942, with file attached is acknowledged.

The memorandum issued by the Procurement and Assignment Service under the signature of Dr. L. L. Foote, chairman, is in accordance with instructions from the Surgeon General and seems to closely follow established policy. The War Department reserves the right to make such rules and regulations governing the commissioning of dentists into the Medical Corps as they feel will be in the best interest of the service. However, this entire matter is one over which this Headquarters has no control.

For the Director,

G. TINSLEY GARNETT,
Captain, Signal Corps, Manpower Division.

VII. GENERAL STATEMENTS AND PROPOSALS

YALE UNIVERSITY SCHOOL OF MEDICINE,
New Haven, Conn., November 30, 1942.

Hon. CLAUDE PEPPER,

United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: I enclose the statement which you so kindly offered to allow me to submit to be embodied in the report of your committee on manpower. I trust that I have not delayed too long. In these troublous times it is hard to find a moment to compose even so short a trifle.

You will see that I have tried to make the statement as concise as possible and to deal entirely with generalities, most especially avoiding personalities. If I had been able to testify at the hearings, I should, of course, have been more willing to supplement any of these by necessary data. I should be glad to enlarge on them if there are any specific questions on which you would like further information.

It is, perhaps, due your committee to know what qualifications I have that entitle me to any expression of opinion. I may begin by saying that I am neither a bacteriological Ph.D. nor a publicist M. D. I have been actively engaged in the care of patients since my graduation from medical school in 1913, first in Presbyterian, and then for 2 years in the Army, for the greater part of which time I was chief of the medical service of the Presbyterian base hospital unit in France. Since then I have been affiliated with Cornell, Bellevue; for a year I worked at the Rockefeller Hospital. Since 1921 I have been first associate professor, and then professor of internal medicine at Yale and attending physician of the New Haven Hospital. In addition, I have published a large number of articles on investigative work of various kinds, and two books, one on Quantitative Clinical Chemistry with Donald D. Van Slyke, and the other, Body Water, or the Exchange of Fluids in Man. Besides running an active medical service in the hospital and clinics for both private and indigent cases, I have the responsibility for the chemical laboratories in the department of internal medicine here and teach students both in their undergraduate medical course and graduate fellows. I have been interested in the social problems of medicine both in my own work and from what I have seen. I have studied the subject intensively. Since 1937 I have been secretary for the Committee of Physicians for the Improvement of Medical Care, Inc. I write this not in any official capacity, and would wish it

understood that it is not an expression of any of the organizations to which I belong, but of my own opinion. I am not writing this to be embodied necessarily in the statement but merely for your information so that you may know what my convictions are.

I am sending under separate cover, however, three statements from the committee of physicians which were presented to previous senatorial committees, one dealing with the national health conference, another with the Wagner health bill and the third with the hospital bill. In addition to these, there are two articles by myself dealing with the general subject of public medical care. You are, of course, completely at liberty to consign them to the wastebasket as irrelevant.

Again I wish to thank you for permitting me to submit a statement on a subject that has extraordinary interest and importance to me.

Sincerely,

JOHN P. PETERS, M. D.

STATEMENT TO THE UNITED STATES SENATE SUBCOMMITTEE ON EDUCATION AND LABOR

(By Dr. John P. Peters)

I seem to have been assumed that the problem of supplying medical care for both armed forces and the civilian population is merely a matter of distributing physicians. Modern medicine, however, cannot be provided by practitioners without facilities nor without cooperation. Competent physicians cannot be induced to move to new communities if they are not assured both facilities and associations that will permit them to conduct practice in accordance with their principles. Furthermore they cannot with justice be moved to such communities if they are exposed to the vicissitudes of competitive practice with payment on a fee-for-service basis. The disposition of medical manpower has, however, been entrusted almost entirely to the leaders of organized medicine who have pledged themselves to resist any change in the method of practice. The best proof of this is found in the publications and activities of the National Physicians Committee for the Extension of Medical Service, an avowed lobbying organization endorsed by the governing body of the American Medical Association.

The great advances of medicine in the United States cannot be attributed to our system of private practice; the practitioner is playing continually less part in the progress of medicine and is being driven more and more into a purely derivative position because this system of practice does not permit him time or opportunity for study and investigation. Such activities require highly organized facilities and associations. They are being conducted almost entirely by full-time salaried workers in institutions. It is imperative that these activities be augmented not curtailed. But the disposition of medical resources has been entrusted to the entrepreneurs, to the neglect.

While educational institutions have been asked to accelerate their schedules and to increase their enrollments to provide more physicians, they are permitted to retain a large enough qualified personnel to maintain proper educational standards. In addition members of their faculties are forced to assume a larger burden of clinical work. The younger men are taken into the armed forces before they have had sufficient training to assure competence. They are removed to an environment and duties in which they have not opportunity to supplement their education along the lines which will be most serviceable. In war as in peace the most valuable asset of the physician is professional skill and expertise. It is doubtful whether the Army actually requires or can effectively utilize as large a proportion of physicians as it is demanding. There can be no doubt that it will profit by having physicians of the highest quality. Instead of denuding hospitals and medical schools while young medical officers are isolated from medicine in training stations it should be possible to keep them at medical work in the best civilian institutions, supplementing this with the necessary instruction in tactics and administration. At least every effort should be made to reduce to a minimum the period between induction and active medical service. Furthermore, physicians should not be wasted in activities that are not strictly medical.

If such a large proportion of the practitioners of the country are taken into the Army before they have had an opportunity to develop themselves, it will be a tragedy not only to them but to medicine, if, at the end of the war, they have

no choice but to be thrown back into the melee of individualistic competitive practice.

All these are compelling reasons why steps should be taken at once to establish unfettered experiments in the practice of medicine along exemplary modern lines. This could be best accomplished by the institution of well-balanced groups with integrated facilities about hospitals in industrial and rural communities. Payment in these groups should be by salary proportioned to the value of the services given and generous enough to attract and retain talent. Prepayment systems should be established for those who can afford them, subsidies for the needy. Philanthropy is too uncertain an instrument. The best existing hospitals, public and private, as well as medical schools should be utilized and strengthened if and so far as they can be adapted to such a program and will meet the necessary standards for qualification.

These experiments must be instituted in a free spirit, without inhibitory conditions aimed at the preservation of vested interests. Especially must steps be taken that will permit the most suitable men to be made available for them, regardless of geographical considerations, although efforts should be made to permit participation of local personnel as far as it may be compatible with the successful conduct of the experiments. This will require that present barriers between States be broken down. There can be no proper objection to such a step in this crisis if care be taken that standards of qualification are in no instance lowered. Means must be found to put an end to the obstructive practices of organized medicine that prevent the institution of such experiments. Out of such experiments patterns should be found on which more extensive programs can be modeled that will further efficiency during the war and provide better opportunities for the members of the medical profession who are and will be serving in the armed forces.

The selection and allocation of medical personnel should not be vested in the military authorities. Their primary responsibility is to the armed forces, while this problem involves the civilian economy as well. Moreover the Medical Corps of the Army and Navy has been developed with one highly specialized administrative objective, out of contact with the general problems of medicine. If authority is to be vested in a single person, this individual must be selected from those with personal experience, not only in medical care of patients but also in educational and investigative pursuits and without prejudicial affiliations. He should be authorized to appoint expert advisors drawn not only from the ranks of physicians but also from all the ancillary services required for the proper administration of a health program.

The idea that social experimentation and reorganization aimed to increase efficiency should wait until the war is ended is unrealistic in the extreme. Efficiency was never so urgently needed as it is in this critical period.

FAYETTE COUNTY UNIT OF TENNESSEE STATE PUBLIC HEALTH,
Somerville, Tenn., November 23, 1942.

SENIOR CLAUDE PEPPER,

Chairman, United States Senate Committee on Education and Labor,
Washington, D. C.

DEAR SENATOR PEPPER: Enclosed is a copy of my letter to President Roosevelt in regards to the problem of the proper distribution of our medical manpower.

Sincerely yours,

JOSEPH T. NABO, M. D.

NOVEMBER 23, 1942.

FRANKLIN D. ROOSEVELT,

White House, Washington, D. C.

DEAR MR. PRESIDENT ROOSEVELT: I propose that a Secretary of Health be appointed by you as a member of your Cabinet.

Today, Federal medical leadership and unity is lacking. The American people's health problem should be given dignified Cabinet representation and power of departmental status. The powers of this Health Department should be—

1. The final authority to apportion medical manpower between the military and civilian needs.

2. To enforce Federal health laws.

3. The rehabilitation of rejected selected service men and disabled war veterans.
4. To require the health education of all Americans.
5. To utilize the investigations, laboratories, and findings of the United States Public Health Service.

It is indeed interesting to note that in all wars both nations avail themselves with all implements of war in order to destroy each other; yet in the background a far greater enemy goes about in an unmolessted offensive drive against the fighting nations, striking down a far greater toll of lives.

Today the American Nation has mobilized its manpower and material to overcome the Axis nations. But we have failed to mobilize our medical scientific knowledge in overcoming our greatest enemy—the world enemy—which is disease (preventable). These preventive diseases account for more deaths than can ever be accounted for on the battlefields.

It present our United States Public Health Service has no authority to dictate to our State health departments; it can only persuade and advise, therefore this Service has been inadequate to satisfactorily take care of our Federal health problems, as shown by our vital statistics, for every year we have over 4,000,000 cases of preventable disease in our United States and of these 100,000 Americans die each year. Tuberculosis alone kills 65,000 Americans a year and the venereal diseases account for another 17,000 American deaths a year. All these cases and deaths can be prevented by having a unified Federal health (Secretary of Health and a Department of Federal Health) with power to efficiently fight these American killers.

At present we are faced with an acute shortage of medical manpower. There is no final authoritative Federal medical head with power to apportion the medical personnel according to the military and civilian medical needs.

Therefore, the 131,000,000 American people deserve a unified Federal Medical Department, with its head, a medical officer, as the Secretary of Health in your Cabinet, to have enforcing powers to provide for the health of our Nation and efficiently fight these American killers (preventable diseases), as well as the Axis nations.

Your sincere friend,

JOSEPH T. NARDO, M. D.

DR. M. L. WEINSTEIN,
Chicago, November 23, 1942.

SENT TO CLAUDE PEPPER,
Washington, D. C.

DEAR SENATOR: Knowing that you have an interest in the medical situation in this country, I thought you might be interested in a suggestion that may help a lot during these warlike times.

There are three causes at the present time for the lack of medical progress: One is the insistence that many of the medical schools have only full-time professors instead of the old-time system of part-time clinical professors; second, lack of funds in the colleges; and, third, the present system of many of the schools of barring students on account of racial and religious causes.

The only contributors that the medical schools have made during this war is to put the schools on a 3-year basis. This is very fine, but they have not enlarged their classes to any extent and there are several thousand premedical students with from 2 to 4 years college experience who are barred from the medical schools for one or two reasons—first, because they still maintain the prewar size of class and, secondly, because the young man may be either Catholic, Jew, or Negro.

Unfortunately, the Jews and Negroes have not seen fit to maintain medical schools as the Catholics have done. This could be done with Federal aid without any difficulty, such as the Army at the present time is doing in aviation and radio.

However, the medical schools should immediately be ordered to increase their classes not 10 percent but from 50 to 75 percent, and if necessary the Government should subsidize the medical schools as well as the students who cannot afford same.

With best wishes, I remain,

Respectfully yours,

M. L. WEINSTEIN, M. D.

HON. CLAUDE PEPPER,

United States Senator, Washington, D. C.

HARRISBURG, PA., November 24, 1942.

DEAR SENATOR PEPPER: A partial report of the hearing on manpower has appeared in the recent issue of the Journal of the American Medical Association which I have read, so permit me as a medical man to give my version of some of the facts.

When the President of the United States ordered the set-up of the Procurement and Assignment, it met the same fate as his order for all-out aid to Russia when some officials failed to supply Russia with the formulae for high octane gas.

To be sure His Excellency, Franklin D. Roosevelt, cannot be in 130,000,000 places at one and the same time, so again Procurement which was to be the one and only agency exclusive for medical personnel for Army, Navy, and Public Health, existed in name only as a pretense to coordination and was never given the opportunity to function fairly, side-tracked by the very departments it was meant to help. When they all secured their quotas of medics the slum ceased and Lieutenant Colonel Seelye in the summer of 1942 was ordered to active duty.

Procurement was, besides tabulating all the doctors, etc., a complete waste of time, money, and energy to all concerned; the Army just could not be bothered with Procurement.

It had been stated by Procurement that all the doctors to be considered must be members of the county and State medical society and the American Medical Association; that all doctors up to the age of 35 were to be commissioned as Lieutenants; 37 to 45 as captains or majors if a member of a specialty board or the equivalent; 45 to 55 major; and in rare cases Lieutenant colonel; but the Army gave out its own commissions as it desired and to whom it desired, possibly on a political or fraternal basis, since specialists over 45 years of age were made captain, and major handed out to an individual not recognized by the county medical society, of ill repute and not of the best character.

A census of the medical officers and their rank would make very interesting reading, of course, including ages.

There are many medics under 37, single and married, not in the military service nor do they want it; as a matter of fact will do anything to stay out of service, without being labeled essential. Who and what is essential when some of the best teaching medics are in Army units, and what is more essential than victory?

Unadulterated patriotism is undoubtedly present in some areas, while in others no one cares whether you go to war or stay home and, if you stay "you can help obstruct that man in the White House."

A national service act would cure many ills, if it were not entirely controlled by the Army or Navy alone but in conjunction with unbiased civil authorities and operated similar to the Selective Service Act, which, apropos, should take all rejected men and place them in industry, factor, or farm.

Procurement has been a complete flop with no authority at all; the Army did as it pleased as to medical personnel as did also the Navy, which took what it pleased and gave the rest to the Army.

Is this a peoples' war or just another brass-hat affair? What the hell does this war care what may be a man's religion; but our Navy must first know the religion of its personnel.

And what difference if a medic is married or single? Medics with large income do not care to get into uniform; many do not even care to give a day to the induction center to aid in the examination of selectees for which they are paid and not for free; then again many are in the service because they can get soft berths as one recently remarked to me, "What need I care? I am now drawing down \$875 a month." New work if you can get it.

Selective Service should apply to all the people for an all-out effort, just as Procurement was meant to do with the medical and allied professions, but was side-tracked by the Army, Navy, and Public Health, and these seemed interested in each getting their own quotas, then all recruiting of medics stopped.

Most medical refugees are more anti-Nazi than many of our own doctors, and as to the Navy rule 10 years a citizen, well, the Navy makes rules to suit itself.

Those who do not wish to join the armed forces should be allocated where most needed with reciprocity to practice anywhere in the country, since this is one country and not 48.

With best wishes to an honorable Senator and a statesman, I beg to remain,
Very respectfully yours,

B. MILTON GARFINKLE, M. D.

W. E. HUDDLESTON, M. D.,
Galveston, Tex., December 2, 1942.

SENATOR CLAUDE PEPPER,
Washington, D. C.

DEAR SENATOR PEPPER: With reference to the rationing of medical manpower, attached is a letter to Congressman Clinton P. Anderson, which is self-explanatory.

Sincerely yours,

W. E. HUDDLESTON, M. D.

SANTA FE, N. MEX.

SANTA FE, N. MEX., December 1, 1942.

HON. CLINTON P. ANDERSON,
House of Representatives, Washington, D. C.

DEAR MR. ANDERSON: Thank you very much for sending me Dr. Frank H. Lahey's comments on my letter to you dated November 9, in which it was suggested by me that Congress should enact a law putting all doctors in the United States, for the duration, in Government service for proper distribution and service.

I appreciate Dr. Lahey's comments and views. The Procurement and Assignment Service has done most excellent work to date, and can most certainly do still more with Government control and centralization of medical manpower. Such supervision can distribute medical talent where it is most properly needed, whether it be in the armed services, other Government agencies, war industry plant, or in civilian practice.

Different State laws governing the practice of medicine make a serious and often permanent obstacle to even the best-qualified doctor accepting a vitally important wartime job in a State other than the one in which he is now licensed to practice. And even in his own State, professional jealousies may prevent him moving from one county to another. To illustrate:

1. Mr. Paul V. McNutt recently referred a letter of mine (similar to that of November 9 to you) to Dr. Maxwell E. Lapham, executive officer, Procurement and Assignment Service, who suggested that I write Dr. B. F. Austin, State chairman for physicians, Procurement and Assignment Service, Montgomery, Ala.; also to Dr. C. D. Selby, General Motors, Detroit, Mich., and also Lieutenant Colonel Lanza, Medical Corps, United States Army. Dr. Austin writes of a shortage of doctors in civilian practice and in industrial plants, but that an Alabama license must be acquired (entailing much time and technical details) before an out-of-State doctor can fill any of these positions. No answer has been received from Dr. Selby. Lieutenant Colonel Lanza suggests writing Col. W. L. Hart, Fort Sam Houston, Tex., regarding medical work in an Army arsenal or air depot. In this latter connection, last September, at the request of Dr. John Taylor, secretary Texas Medical Association, Fort Worth, Tex., the Ordnance Plant at Karnack, Tex., was personally visited following a false-alarm call from a young chief surgeon who was afraid he was going to have to report soon for Army duty.

2. Recently in Arkansas, the Desha County Medical Society, in a court action against Dr. M. B. Lynch, obtained a restraining order against the doctor practicing medicine in Bohwer, Ark., relocation camp for Japanese located on Government owned land, because the doctor did not have an Arkansas license. The doctor's qualifications were not challenged.

3. Mr. Harvey Schuman, executive secretary, Colorado State Medical Society, Denver, informs me he has urgent need for civilian and industrial doctors, but Colorado license, including basic science examination, must be acquired from out-of-State doctors.

4. The Pacific Northwest Railroad Hospital, Tacoma, Wash., and the Roslyn-Clellum Benf. Co., Seattle, both express need of medical help, but there is a similar situation to that in Colorado.

5. Here in Santa Fe, N. Mex., last month the county medical society rejected the application for local membership of a doctor moving here from another New Mexico county, even though this doctor has excellent qualifications, is a member of the State medical society and the American Medical Association, has been a member of the A. M. A. over 20 years, and during the past year has made every effort to serve in the armed services, or other services, but happens to be over 45 years old, although in excellent physical condition. This rejection, if it remains, is equivalent to blackballing this doctor from practicing medicine, from making even a living for his family. To belong to his

State society, he must belong to his county society, and to belong to the American Medical Association, he must be a member of his State society. Not belonging to any of these organizations, he is not permitted on the staff of, or to have patients in, recognized hospitals. Yet probably one of the largest practices here in Santa Fe is done by an osteopath—one Dr. L. C. Boatman.

The above illustrations portray a national situation. Centralization of medical manpower under Government supervision and control, and making uniform national regulations for practicing medicine, will do away with so much red tape and delay that is hindering in this emergency the proper use of medical talent wherever needed. Also, it will do much for all concerned in the reconstruction days that will follow this war.

The Procurement and Assignment Service has now an excellent record of the training and qualifications of most of the doctors in the United States but has no legal power to make anyone serve where they are most needed. Volunteer offer of services certainly will not fill all necessary needs with those most capable, nor does one have to volunteer in order to be democratic. And post-war visions of patients flocking back because their doctor volunteered, is purely wishful thinking. The industrial surgeon with a lucrative city practice will be unlikely to volunteer to serve in another locality, though the need be urgent, but where there will likely be a post-war depression, much less likely to assume general practice in a rural community raising vital food products but having no hospital facilities.

Government supervision and control will keep the essential doctors where they are now located if they are so needed; in fact, he required to stay there. Only those will be relocated where the urgency is present and their talents most needed. There should be no quibbling over individual or State rights when there is present such a national necessity for rationing of medical manpower.

Sincerely yours,

W. E. HUDDLESTON, M. D.,
Santa Fe, N. Mex.

Copies to: Mr. Paul V. McNutt, Dr. Frank H. Lahey, Senator Dennis Chavez, Senator Carl Hatch, Dr. Maxwell E. Lapham, Senator Claude Pepper.

P. S.—I believe that Dr. Lahey will agree that many of the younger doctors in the armed services today were told to do so by the Procurement Board, and others, or else be drafted as an ordinary soldier.

W. E. H.

WASHINGTON, D. C., December 15, 1942.

THE COMMITTEE ON EDUCATION AND LABOR,
United States Senate, Capitol.

GENTLEMEN: I am sending today a memorandum entitled "A Proposal for the Use of Certain Civilian Physicians To Relieve the Wartime Physician Shortage," together with an outline of that proposal to Dr. George Baehr, Director of the Medical Division, Office of Civilian Defense.

A copy of this material is enclosed herewith and is offered in connection with hearings of your committee on Senate Resolution 291.

Sincerely yours,

K. E. LACHMAN.

A PROPOSAL FOR THE USE OF CERTAIN CIVILIAN PHYSICIANS TO RELIEVE THE WARTIME PHYSICIAN SHORTAGE

DECEMBER 14, 1942.

I. The war has created a shortage of physicians for two reasons:

- (1) Because of the enlistment in the armed forces of a large number of physicians; and
 - (2) Because of the increased need for physicians in war production centers.
- It is the purpose of this proposal to submit a scheme by which civilian physicians who are not eligible for service in the armed forces can be made available wherever the need for additional medical help exists.
- II. There are three categories of physicians who are not eligible for service in the armed forces:

- (1) All alien physicians with or without an American license to practice medicine. The largest number among these consists of physicians

trained abroad and who have only recently arrived in the United States. The number of that group is about 6,000, only 4,500 of whom have, since their arrival, obtained a license in one or more of the States; yet the vast majority of the unlicensed foreign physicians are graduates of well-known medical schools in Austria, Germany, and France. Their qualifications, thus, are as clearly established as if they had graduated from an American school.

- (2) Citizens who did not study at a grade A American medical school. The Army, in effect, does not accept physicians who have either studied abroad or have studied at an American medical school not classed as a grade A school, this even though they may be licensed as physicians in one of the States. Many of these will be able to show sufficient qualifications as practicing physicians, especially where the alternative for an area would otherwise be to go completely without medical care.
- (3) Citizens whose qualifications are acceptable to the Army but who are not eligible because of physical defects or because they are over the Army age limit of 55 years.

The large number of physicians in these three groups who are definitely limited to civilian service should be made available to relieve the shortage now existing. Some of them may already be practicing under a State license although they will frequently be concentrated in large centers like New York City, where the shortage has never been acute. Others, especially those who have studied abroad or who, having studied in this country, have not yet attained citizenship, are mostly not licensed physicians, yet they usually have high qualifications and should certainly be used to relieve the present shortage.

III. Any scheme based on these facts has to solve four problems:

- (1) The admission to practice of medical men who do not have a license to practice in the State where they are to serve;
- (2) The transfer of licensed physicians to areas where their services are most urgently needed;
- (3) The avoidance of creating competition with local practitioners, which may cause ill will and thus hamper the work of the new physicians assigned to that locality;
- (4) The establishment of a system which will offer to these physicians a situation no less, but also no more, secure than that of physicians in the armed forces.

The initial problem—that of licensing the physicians proposed to be used here—cannot be solved by the regular method of having them obtain State licenses. This is so because many States do not admit aliens to practice, and it would be too difficult to attempt to obtain new legislation now. Furthermore, many States require special examinations, the preparation of which, for a practitioner many years out of medical school, would still require more time than there is today. On the other hand, the creation of a Federal license authorizing its holder to practice in all the States of the Union would raise such difficult and far-reaching problems of State sovereignty that it would appear to be more than inopportune to raise them at this time.

An entirely different situation exists, however, where physicians serve under the United States. In that case, no State licenses are necessary and they may serve wherever they are assigned by the Federal Government. As a matter of fact, provision already exists for State Governors to call on the United States Public Health Service for the assignment of physicians in case of local need. It is true that current appropriations for the Public Health Service are not available for the payment of noncitizens. The special emergency funds of the President are, however, so available. It is also more than likely that Congress will be willing to relax its restrictions in future appropriations made to enable the Public Health Service to extend its facilities during the war emergency so that the services of these several thousand alien physicians may not be lost to the American people when they are most needed.

IV. For this reason it is proposed that a United States Emergency Medical Corps (U. S. E. M. C.) be set up within the United States Public Health Service. The U. S. E. M. C. would be in the nature of a civilian uniformed organization, commissioning physicians to ranks corresponding to those in the Army Medical Corps, though bearing different names. These ranks may be modeled after those now existing in hospitals or in the Public Health Service at large.

The wearing of a uniform would appear desirable for two reasons:

- (1) To make it clear to the physician as well as to others that he is serving his country as if he were in the armed forces themselves;
- (2) To emphasize to the local population and to the local practitioners that the commissioned physician is there on temporary war service only, working for the United States Government, and not in any way attempting to set up a practice of his own.

It would seem desirable that enlistment in the U. S. E. M. C. should be on a voluntary basis. Not only is enlistment in the Army and Navy Medical Corps voluntary, too, but it must also be remembered that candidates for the U. S. E. M. C. are usually middle-aged physicians who would not adjust themselves too well or too effectively if they were forced into surroundings and into a type of work that was all too different from that with which they are experienced.

Generally speaking, physicians in the U. S. E. M. C. should have the same rights and privileges as Army Medical Corps officers of corresponding rank. This should especially be so in matters of pay, pensions, veterans' preference, and dependency allowances.

Commissions in the U. S. E. M. C. should be given for the duration plus 6 months, as is usual today for all war appointments.

V. Upon the establishment of the U. S. E. M. C., applications should be accepted up to a certain number equal to the maximum probable need of physicians. These applications should be immediately classified, so that whenever the need arises for a certain type of physician in a certain locality, lists of applicants particularly suited for this type of opening are already available. The American Medical Association and the various State medical associations might usefully be charged with a large part of this work. Appointments to active service should then not be made until a specific opening occurs.

The evaluation and classification of these applications will require, in a large number of cases, an intimate knowledge of European medical schools and also of European medical personnel. This is so because many thousands of physicians eligible to the U. S. E. M. C. have not only studied at European universities but have also established most of their record as practicing physicians in Europe. In order to evaluate their usefulness, it would therefore appear to be desirable, if not indispensable, to secure the advice of a small number of European authorities in the field who have an intimate and broad knowledge of European medical schools and who also have a vast range of personnel knowledge. Former professors of the leading European medical schools, provided they have been established in this country long enough to be able to evaluate European qualifications in terms of American requirements, would appear to be best suited for this function.

These experts would form an advisory board. The board will have the duty to examine each application of physicians whose American record of study or practice constitutes insufficient evidence of their qualifications and aptitude. The advisory board would insert its findings in the files of each such applicant, stating what his qualifications are found to be, and especially suggesting for what type of work in what type of surroundings (for instance, general rural practice or specialized work in a war industry center), he would appear to be best suited. The findings of the advisory board would, of course, be in no way binding on the appointing officer, but it should carry a good deal of weight with him. In view of the high responsibility and confidential nature of the work of this advisory board it would be desirable that its members should also be commissioned in the U. S. E. M. C.

In order to make sure that the limitation of the U. S. E. M. C. to physicians not eligible to service in the armed forces is maintained, provision should be made that each applicant file a certificate from his local recruitment officer of the Army Medical Corps, certifying to his ineligibility for the armed services.

Openings should be declared on the basis of the now existing procedure; that is to say, by request of the Governors of the several States. It is true that so far this system has not worked satisfactorily. This, however, is due to the fact that Governors and State health services do not have the facilities to study the medical situation in their States and to make detailed findings as to their needs. It is, therefore, suggested that the U. S. E. M. C. appoint advisers or advisory commissions, preferably from the State medical associations, to assist the Governor and the public health officers of the several States in making surveys of the physician shortage in each State. These surveys should result in lists specifying the number and types of physicians needed in each area of the State. These lists are then to be transmitted to the Surgeon General of the United States Public

Health Service by the Governors, and appointments will then be made to the U. S. E. M. C. to fill the openings declared on those lists.

VI. Appointments to the U. S. E. M. C. should be made to fill three types of needs:

- (1) Hospitals and other medical institutions which have lost some of their medical personnel to the armed forces and which may need, besides replacements, additional physicians to take care of the increased needs created by the war, should have physicians assigned to them by the U. S. E. M. C. Physicians appointed to these hospitals and institutions may be commissioned as Reserve officers of the United States Public Health Service and would then be paid by these institutions at the rates paid to active medical officers of equal rank.
- (2) War plants and other war industries may obtain the assignment of U. S. E. M. C. physicians for the treatment of their employees and their families. Here the same financial arrangement may be used as for hospitals.
- (3) U. S. E. M. C. physicians may be assigned wherever possible to fill the places of private practitioners who have gone into the armed forces, or to offer additional medical services where war industries have created additional demand in private practice. It is true that this function of the U. S. E. M. C. is the most delicate and the most difficult to handle if the creation of local competition is to be avoided. However, it should not be too difficult to find solutions in these cases. This is especially so because the need for U. S. E. M. C. physicians in private practice is greatest in those areas where there are practically no private practitioners left, or at least no specialists in the field for which the U. S. E. M. C. physician is appointed. Where there is competition, however, even though there may be enough work for both, private practitioners and U. S. E. M. C. physicians, arrangements should be attempted to handle the medical work by association of these two groups.

VII. A last word should be devoted to the question of the liquidation of the U. S. E. M. C. after the war. Those physicians who return to private practice should, as was said before, have the same rights and claims as Army Medical Corps officers demobilized after the war. It may also be suggested that in case the United States Public Health Service should expand its functions after the war, it may wish to give preferential employment to former U. S. E. M. C. physicians and perhaps also to former medical officers in the armed forces.

The proposal outlined in this memorandum does not pretend to anticipate or to deal with the numerous possibilities and details that may arise during the remaining period of the war, and is meant only to provide a working basis on which a system can be established which will put each civilian physician willing and qualified to serve the United States during this war into that place and into that type of work to which he is best suited and in which he can therefore be of the greatest possible value.

MEDICAL MANPOWER FOR CIVILIAN NEEDS

By Dr. Michael M. Davis, New York

Up to date the Army and Navy have obtained all the doctors they want, even with the high ratio of doctors to enlisted men which they have set, but their recruitment has proceeded without any over-all control to balance military and civilian medical needs. As a result, the already uneven distribution of physicians in different parts of the United States has been made worse than before. Many rural areas previously with few physicians in proportion to population as compared with the cities, have now fewer than ever, and those remaining are largely elderly men. On the other hand, the comparative surplus of young physicians in many large cities has not been tapped fairly.

As a further result, physicians have been taken into the armed forces from many industrial sections, despite a great increase in the local population because of new or enlarged war plants. Between four and five million war workers and their families have moved to new places, but their doctors have not moved with them, and little has been done to supply these soldiers of production with the physicians whose services are essential to their health and efficiency.

Congress has passed legislation providing funds for constructing needed hospitals in war areas, but the restrictions of the War Production Board upon building materials have thus far nullified much benefit from the law.

The Army and the Navy cannot be blamed for using their recruiting powers and for taking advantage of the physicians' patriotic readiness to enlist, nor can we blame individual physicians for entering the national service even if they have left communities low in doctors. We can justly ask why the War Manpower Commission did not lay down general policies in this matter months ago. The immediate fault rests upon the Procurement and Assignment Service, under the Manpower Commission, which was set up by Presidential authority to consider both military and civilian needs but which has failed to use the information and the powers of publicity which were at its command to control the situation, or to establish procedures under which effective action could be taken.

The Service has, throughout, pursued the policy of placing primary responsibility upon the States and local communities. Its State medical chairmen have usually been prominent officers in the State medical societies. Its local representatives and committees have been practically identical in interest with the county medical societies. Given the great diversity among our States in number of doctors in proportion to population, a fair allocation of doctors to the armed forces or to civilian needs cannot be worked out with the States as units. A national point of view and the exercise of some national authority are clearly necessary.

Furthermore the policy of the Procurement and Assignment Service has placed the physicians of each local area in the position of making the decision as to whether more doctors are needed therein. It is unfair to permit such decisions to rest with professional men engaged in competitive practice, in which their personal financial interests and the public interests of the area are both involved and may often be in conflict. The unhappy results of permitting local physicians to make such decisions have been brought out in newspaper reports and by Senator Pepper's committee. Cases have been reported in which State or district chairmen of the Procurement and Assignment Service are charged with forcing or threatening to force a physician into the Army in order to remove him from a competitive practice in the locality. Each such charge would have to be studied with great care, recognizing that there are always two sides to a case. But the essential vice of the present system is that a man may be and apparently often is placed in a position where he is judge in a case wherein his personal financial interest is also involved. We do not allow that among judges in our courts. We must not permit it among physicians.

Testimony has come from places in which there has been continued objection from the local physicians to the entrance of additional doctors into the area, despite large increase in population, a ratio of doctors often of over 1 to 2,500 people, and complaints from citizens and agencies of the area. Studies have been made by the United States Public Health Service and other Federal agencies, showing in detail medical shortage in many areas, but these studies have not been publicized nor have they been made use of by the Procurement and Assignment Service as an aid in drawing up practical plans for prompt and effective action. The origin and personnel of the Procurement and Assignment Service identifies it closely with the American Medical Association, and the American Medical Association, on its part, appears to have regarded the Service as its agent within the Federal Government. Thus the Journal of the American Medical Association declared in an editorial on July 25:

"The Procurement and Assignment Service for physicians, dentists, and veterinarians was developed to aid the medical profession in determining for itself equitable distribution of medical service during the emergency."

Official spokesmen of the American Medical Association have criticized the revelations of the present deplorable situation brought out in Senator Pepper's committee hearings. They have charged that Federal agencies seek to regiment the medical profession of this country and have unfortunately created an attitude among many physicians which increases the already difficult problem of alleviating local medical shortages.

Regimentation of our civilian physicians is as little desired by the American people or by their responsible representatives in the Federal Government as it is by physicians themselves. The facts of the situation must, however, be faced. There exist, without question, severe shortages of physicians in several hundred industrial and rural sections. Many of these needs are urgent because they threaten the health and reduce the productivity of war workers. The situation

is critical in some areas and would be disastrous if epidemic disease were to appear. Nevertheless the total number of physicians who should be added to these localities to meet emergency needs is small compared with the total of the medical profession. The more immediate needs could probably be met by the transfer of about 2,000 physicians. Even if this number were doubled there is no cause in talking about "regimentation of the medical profession," when the job in hand involves less than 5 percent of the profession now in active civilian practice, and when there are on record the names of a much larger number of physicians who have expressed willingness to move to new places if national need requires.

We cannot expect that with one-third of our active physicians taken by the Army or Navy, access to physicians in time of sickness can be as easy as many of our people have been accustomed to, during peaceful years. We must expect to forego for the duration some of the conveniences of health service, but we cannot afford to let any section of our people be without its essentials. Least of all should there be deprivation of health service for those who produce the munitions of war or the food upon which we and our allies depend. The American people have a right to expect that there shall take place promptly such redistribution of medical personnel as is necessary to furnish the essentials of health service to all, with as little disruption of medical practice as possible.

In many communities, moreover, much can be done by both physicians and their patients to make the most of the diminished number of physicians. Patients can exercise restraint in calling doctors, especially to the home, except when really necessary. Doctors can organize to use their time better. We know that in some localities, the physicians are already planning something of this sort on their own initiative. Thus, a newspaper of Binghamton, N. Y., reports that the county medical society is considering a plan whereby each of a committee of approximately twenty-five local doctors would take turns in handling emergency calls, especially during the night hours, thus giving the other men a chance to rest. In the Mississippi Medical Journal appears an editorial suggesting another expedient toward helping a limited number of doctors to give more service:

"The doctor shortage in this country is growing more acute in our State, and in the South each day. * * * Practitioners must use all their energy in treating the sick instead of dividing their time with personal interests. * * * The small town might have a medical center furnished by the town and the county, consisting of a hospital and a medical arts building large enough to accommodate every doctor, dentist, pharmacist, and the public-health department. The hospital would function best if operated in the interest of all the people alike, with the doctors treated on the same footing. * * * Office building self-supported from rent. * * * such a set-up with a real center for treating the sick and educating the public. * * * Center to be supplied with bus service for transporting sick to and from hospitals" (Mississippi Doctor, 20:181 (Sept.) 1941).

The present situation will become worse as the winter advances unless substantial steps are immediately taken to make it better. First in importance is a national authority which will be able to balance military with civilian medical needs during the remaining years of this war. The Army is enlarging its Medical Administrative Corps, utilizing nonmedical men for duties previously performed by army physicians. This policy should be encouraged. The Army may be able to lower its ratio of 6½ physicians per 1,000 soldiers. The War Manpower Commission as recently reconstituted can not exercise large coordinative powers over military, industrial, and agricultural needs for civilian manpower, and should serve likewise with respect to medical manpower. A body advisory to the Commission on this matter is required, including representatives of physicians, the three main governmental medical services, industry, labor, agriculture, and public administration. The industrial, labor, and agricultural members should be drawn from or delegated by the Labor-Management Policy Advisory Committee. The existing Health and Medical Committee is of no value in this matter and should be dissolved or absorbed into the new group.

For dealing with civilian medical needs, the present situation is anomalous. A few months ago the Procurement and Assignment Service was placed in a position to determine the policy under which a Federal agency, the United States Public Health Service, would operate in obtaining and placing physicians to meet civilian needs. An essentially private group is thus in authority over a public body and over economic and welfare interests affecting many communities and several millions of our people. In procuring, assigning, or arranging for the

assignment of physicians to meet civilian medical shortages, the Public Health Service should have primary responsibility and the Procurement and Assignment Service should be in an advisory relation to this public authority. It is appropriate that a committee like the board of Procurement and Assignment Service (and corresponding bodies of physicians in States and localities) should review qualifications and availability of individual physicians, for military or for various civilian duties, and make recommendations to the Army, the Navy, the Selective Service, or the Public Health Service accordingly. The relocation of physicians in new areas, however, to meet civilian needs during the war, is an administrative job which should be the direct responsibility of an experienced public administrative agency.

Under present laws, the Public Health Service cannot use funds at its disposal to serve States and localities except at the formal request of State authorities, i. e., the State health department. Established procedures make action by the State health department practically dependent on the approval of the State medical society and action concerning any locality is not taken without the approval of its county medical society. There is convincing evidence that urgent medical needs in many localities will not be met so long as this situation continues. Under a law of 1932 (Public Law No. 236) the President has power in time of war to authorize the Public Health Service to act directly in any locality where the national interest requires. By Presidential action under this law or by new legislation, the Public Health Service should be given such authority.

The Public Health Service might then commission medical officers, put them into uniform, and send them to places where they are needed to look after sickness among the population. Such an assignment to any area must, however, be preceded by steps assuring that the physician will be welcomed and utilized by those who need his services and that the conditions are such that he will be able to perform his work on a satisfactory professional basis. There are also several alternative procedures. Arrangements might be made for a physician to enter an area as a private practitioner, with or without financial assistance to him in making a new start; or a physician might undertake whole or part-time salaried practice with a local agency, voluntary or governmental.

It should be general policy that, where a certain ratio of physicians to population, e. g., 1 to 1,500 or 1 to 2,000 is exceeded, a prima facie case for the introduction of additional doctors shall be held to exist. The particular groups of doctors and of the population to be included in calculating this ratio must be specifically defined. There are additional considerations besides this ratio, however, which must be weighed before determining whether doctors should be added to an area and under what conditions.

In studying an area to determine these questions, the Public Health Service should make such statistical and field studies as are necessary, and should pursue the policy of consulting certain specified groups, e. g., the local physicians, employers and workers' organizations in industrial areas, farmers' organizations in rural sections, local civic bodies, and the local governmental agencies; and of keeping in touch with the appropriate State authorities.

The relocation of physicians will require the maintenance of a list—a national pool—of physicians not now in military service, who have signified their willingness to move to new areas if necessary and who are in areas where there is a comparative sufficiency of physicians. A substantial list of such physicians already exists. Publicity would increase this number, particularly when specific opportunities in designated areas could be made known through appropriate channels.

At the present outlook, the number of physicians that would need to be relocated in order to meet the more urgent needs is not so large as to require the use of compulsory recruitment for civilian purposes. If, as is hoped, the medical profession will give full and prompt cooperation, it is believed that voluntary measures will suffice. Should the war be prolonged, and if military needs for doctors were to exceed, over a period of years, the number of young physicians entering the profession, more drastic measures might conceivably be necessary.

In arranging for the placement of physicians where need clearly exists, sponsorship of the new medical personnel by one or more local agencies is obviously desirable. For example:

The local physicians, through their medical society, might sponsor one or more additional doctors who would undertake private practice, or who on governmental salaries would carry on certain practice among the general population, or in some institution, or for a particular group of the population.

The local government, through its health or welfare department, might sponsor one or more physicians who would serve either any patients who sought them, or only those unable to pay for private service, thus relieving the local physicians of this burden during the war.

Large industrial establishments, or several small establishments working in combination, might with the assent of their organized employees, provide salaries or guarantees for physicians who would serve these employees and their families. It is usual in such arrangements that the financial support of such services comes from the employees by voluntary pay-roll deductions, with or without financial participation by their employers.

A labor organization, or in rural areas, an organization of farmers, might similarly sponsor physicians who would undertake salaried or private practice for the group concerned.

A hospital might sponsor one or more physicians who would serve the institution, along with physicians already on its staff, in some designated general or specialized professional work.

In any of these sponsored arrangements, the physicians might either be in uniform as commissioned medical officers; or be civilians on a part or full-time salary, on a temporary civil service appointment for the duration. Or they might be private practitioners, or practitioners on part or full-time salary from a local agency. There is room for much flexibility, and that is just what is required by the variety of local conditions in different places.

Most of our younger physicians, unless physically disqualified, will be in the armed forces. Older physicians, whether in private or in salaried practice, usually sacrifice much if they move to a new location. Payment of moving expenses, a salary or a guaranty of income for at least a certain period, will often, perhaps always, be an obligation of the Government. The desire for recognition as performing a patriotic service is also to be reckoned with. Commissioned status in a uniform confers this recognition most obviously, but larger income, perhaps greater freedom in nongovernmental salaried or private practice will be weighed by physicians on the other side.

The acute needs of many rural areas may often be met under the above policies, especially by utilizing commissioned officers, or through the sponsorship of local farmers' associations. Examples of such associations have already developed in several States, with the aid of the Department of Agriculture. An organization of farm families, local or county-wide, sponsors and supports one or more physicians. If there are physicians in the area, they, of course, are to be drawn into the arrangement, if they wish, as well as the new doctors added because of present needs.

Hospitals being an essential part of modern medical service, the association of new physicians in an area with a hospital is to be arranged when possible. It is to be hoped that needed hospital construction in war areas under the Latham Act can proceed in future.

The entrance of additional doctors into an area wherein there are some practicing physicians obviously requires the adjustment of competitive relations as equitably as possible. A commissioned medical officer in uniform on Federal salary, for instance, could not enter a community in competition with private practitioners and offer his services free. Such a relationship would clearly be unfair. According to one plan, a commissioned officer charges families, according to their ability to pay, the professional fees usual in the community; but the fee goes into a fund for public purposes, not toward his personal income. According to other plans, the commissioned officer would do specialized noncompetitive work in a hospital or clinic; or would serve a dependent group only.

To adjust competitive relations among local physicians would be difficult if it were not recognized that an emergency exists; and that civilian physicians, like sellers, businessmen, war workers, and other Americans, must expect radical upsets in their accustomed ways during the war. When it is considered that industrialists have been required to give up making their established products and to convert their entire production from automobiles or refrigerators into articles of war, the changes brought upon a fraction of the medical profession will seem small. Uniformed medical officers on full-time Federal salaries must be utilized to meet urgent local needs where other means for introducing necessary medical services cannot be arranged.

The varying licensure requirements of the States would be bypassed in those cases where commissioned medical officers are directly engaged in Federal medical work as defined under the law of 1902, or under any emergency legislation enacted by Congress. The States, however, should be urged by Federal authority

ties and by the medical profession to grant licenses for the duration where State law permits such a step by the State licensing board; or to pass enabling legislation if necessary. Present standards of professional qualifications should not be lowered by such action.

The utilization of several thousand alien refugee physicians depends largely upon the adjustments of State licensure. The door to direct Federal appointment can be opened only by Congress. A preliminary step to utilizing these men, in cooperating States and especially in institutional and other noncompetitive positions, would be a systematic canvass, by an official body, of the personal and professional qualifications of those refugee physicians who request such classification.

Additional appropriations for the Public Health Service would be necessary. If commissioned officers were the sole procedure in relocating physicians, an average of about \$6,000 per year per physician would probably be required for the salary and other expenses. Utilizing the various types of local sponsorship would reduce the number of commissioned medical officers required, and would lessen correspondingly the amount of Federal funds and of direct local action by the Federal Government. Some additional field staff for the studies and necessary local advisory work would have to be provided for. The Public Health Service already possesses regional offices and cooperative relations with States and localities through which the administration of such a program would be facilitated.

What will happen to the newly located physicians after the war? No one can predict how what war-born areas will turn into ghost towns after the return of peace. No one can predict which doctors now in the armed forces will be alive to return, or will wish to return to the places they left. We can, however, be sure that during the years when many thousand physicians will be demobilized, the problem of the doctors returning from Army or Navy service, and that of physicians who have relocated to meet civilian needs during the war, must be solved together.

The public must be informed about its opportunities as soon as the needed authority has been given and when some funds are available. Through the general press and through publications reaching employers, employees, farmers' organizations, and the governmental bodies in the areas chiefly affected, the possibilities of assistance in obtaining needed doctors should be made known. Action by Federal medical officials requires courage and diplomacy; above all, a proper balance between their sense of obligation to the medical profession and their primary responsibility to the public. Such officials need to be under policy-determining bodies in which lay as well as medical groups are represented.

Educational measures should be promoted by the Public Health Service and other agencies whereby the people shall be encouraged and guided in making the best possible use of the limited supply of doctors during the war. The aid of the American Medical Association and of its State and local societies should be enlisted. Through their publications and meetings there must be brought before the physicians of the country the facts of medical shortage in many areas, and the steps which during these years of crisis it is necessary to take to maintain the health and morale of our people and to promote the production of munitions and food. Physicians have a right to be assured that it is our national policy to take into consideration the interests of the profession as well as of the public, and that the leaders of our Government are confident they can count now, as in the past, on the patriotic cooperation of American medical men.

LETTER AND MEMORANDUM FROM ADMINISTRATOR MCNUTT

FEDERAL SECURITY AGENCY,
Washington, December 29, 1942.

Hon. CLAUDE PEPPER,
United States Senate, Washington, D. C.

DEAR SENATOR PEPPER: I have your letter of December 8, 1942, requesting a copy of a memorandum from the Surgeon General of the Public Health Service to me in connection with the problems in meeting medical shortages.

I assume that you refer to a memorandum which the Surgeon General sent me on July 2, 1942, transmitting resolutions adopted by the Advisory Committee on Industrial Health and Medicine of the Procurement and Assignment Service and by the National Advisory Health Council of the Public Health Service. A copy of the memorandum is enclosed in accordance with your request.

There exists through the regular and emergency programs of the Public Health Service machinery for handling a great part of this problem. We have made use

of this, in cooperation with the Procurement and Assignment Service of the War Manpower Commission when appeals for help have been made through appropriate responsible State agencies.

To date, it has been possible, through the facilities now at the disposal of this Agency, to meet all of the demands for medical service which have been presented to us for consideration.

In all steps we have taken up to date, we have had the complete cooperation of the organized medical and dental professions, and we have felt that this cooperation was essential to accomplish our purpose. All who are concerned with dealing with this problem are agreed that if existing facilities are inadequate, and additional authority, either through an Executive order or legislation becomes necessary, it will be recommended.

Sincerely yours,

PAUL V. McNUTT, Administrator.

JULY 2, 1942.

To The Administrator, Federal Security Agency.

From: The Surgeon General, United States Public Health Service.

Subject: Medical, dental, nursing, hospital, and related services in war-industrial and extracantonment areas.

Recent resolutions by the Advisory Committee on Industrial Health and Medicine of the Procurement and Assignment Service, by the National Advisory Health Council have urged that the Public Health Service take action on the problem of inadequate medical services available in many areas affected by the war effort.

Rapidly expanding populations in war-industrial areas and in the areas around military establishments have brought about acute local shortages of medical, dental, nursing, and hospital services. These shortages have been aggravated by the increasing over-all scarcity of specialized personnel resulting from the needs of the armed services. Surveys made by the United States Public Health Service, by the Children's Bureau, and by other agencies show that the traditional supply-and-demand mechanism of adjustment of facilities to requirements will not solve the problem of medical and related personnel shortages in these critical areas.

The importance of medical, dental, nursing, and hospital care in maintaining the health, morale, and productivity of workers who are vital to the war effort is generally recognized. It is further recognized that conditions arising as a direct result of the war program, especially when these conditions are such as to interfere with efficient prosecution of the war, are properly regarded as a concern and a responsibility of the Federal Government. At the present time, however, neither responsibility nor authority has been delegated to any Federal agency in this field. Efforts on the part of a number of agencies during the past year have accomplished little except to demonstrate that without centralized responsibility, adequate authority, and sufficient funds, effective action is impossible.

In view of the actual and even greater potential seriousness of the situation, and the demands made by a number of groups for action, it is proposed that the President make use of the power conferred by the act of July 1, 1942 (37 Stat. 309-42 U. S. C. 8), which authorizes him to utilize the Public Health Service in time of war in such manner as shall in his judgment promote the public interest.

By Presidential direction, under the provisions of this act, or other Presidential wartime power, authority should be delegated and funds made available from the President's emergency fund or otherwise to the Public Health Service to enable it (1) to make the necessary determination of need in the several areas, and (2) to take such steps as may prove necessary to provide or assure the provision of adequate medical, dental, nursing, hospital, and related services in war-industrial and extracantonment areas. In organizing such services the Public Health Service would enlist the cooperation of State health agencies, professional societies, the Federal war agencies, and industrial and labor leaders.

The attached report outlines in more detail the evidence on which this proposal is based and the general nature of the program which it is proposed to carry out if and when funds and authority are made available. To the report are appended tabular summaries of the situations found in a number of critical areas surveyed by the United States Public Health Service.

THOMAS PARAN.

REPORT TO THE FEDERAL SECURITY ADMINISTRATOR—MEDICAL CARE IN WAR-INDUSTRIAL AND EXTRA-CANTONMENT AREAS

RESOLUTIONS

A resolution adopted by the Advisory Committee on Industrial Health and Medicine of the Procurement and Assignment Service on June 16, 1942, stated, in part:

"This committee is in complete agreement with a statement of the Honorable Paul V. McNutt, Federal Security Administrator, and Chairman of the War Manpower Commission made at the recent meeting of the American Medical Association:

"House and community sickness cost America more man-days in time lost than do occupational accidents and occupational illness. The home and the community, therefore, cannot go unserved in wartime. * * * Let me underscore the need for doctors in industrial areas and defense boom towns. * * * Doctors will have to be assigned to them on a voluntary basis or on some other basis."

"The committee recommends that the Procurement and Assignment Service discourage the recruitment of doctors from certain of these areas unless immediate replacements are made, and in addition, stimulate the movement of needed physicians into areas where available physicians are unable to meet the medical needs of the population.

"The committee further recommends that the Public Health Service be requested to secure up-to-date information concerning the areas of most urgent need and to make recommendations to the Federal Security Administrator and the Chairman of the Manpower Commission. These recommendations should include * * * a statement as to the administrative organization, additional authority, and funds needed to insure success of this sector of the war effort."

The National Advisory Health Council passed the following resolution on June 20, 1942:

"Resolved, That the National Advisory Health Council recommends that, in those States in which problems of medical care have been created by movements of population in connection with war activities—industrial and military—the United States Public Health Service assign officers to work with the State health department, the State medical association, the Procurement and Assignment Service, the industries concerned, and other agencies to provide essential medical and hospital services; and that the United States Public Health Service secure the necessary authority and resources to supplement State and local facilities in meeting these needs."

Need.—Rapidly expanding populations in war industrial areas and in the areas around military establishments have brought about acute shortages of medical, dental, nursing, and hospital services.¹ These shortages have been aggravated by the increasing over-all scarcity of medical personnel resulting from the needs of the armed services. Surveys by the United States Public Health Service, by the Children's Bureau, and other agencies show that for a number of reasons, which will be set forth subsequently, the traditional supply-and-demand mechanism of adjustment of facilities to requirements will not solve the problem of medical personnel for these critical areas.

Some idea of the purely quantitative aspects of the situation may be gained from the following figures:

The pre-war ratio of physicians to population in the country as a whole was close to 1 physician per 750 persons, although this ratio varied widely in different sections of the country. The needs of the Army and Navy for physicians may be expected to reduce this over-all ratio to about 1 physician per 1,000 persons by the end of 1942. Yet in many of the important war-production areas surveyed recently the ratio was found to be as low as one physician per 2,000, 4,000, or even 6,000 persons.

Estimates of population increases in about 300 areas surveyed by the Public Health Service total over 4,000,000 persons. Percentage increases in individual areas range from a few percent in large cities to several hundred percent in certain rural villages. The number of physicians who have moved into these areas is small and is more than counterbalanced by the number who have left to join the armed forces. In a few of these areas, located in or near large

¹ In the subsequent discussion, when the term "physician" or "medical services" is used, it is to be understood that physicians, dentists, nurses, and related personnel, or the services rendered by them, are included.

cities, the medical needs of the new population are being absorbed by the local profession, but in the great majority of instances these population increases represent persons largely without corresponding physicians to care for their medical needs. It would require, therefore, movement of nearly 4,000 physicians into these areas to provide ratios equivalent to the national figure of 1 physician per 1,000 persons. This figure, while large, is less than 10 percent of the number which the armed services will require by the end of this year. Corresponding desirable figures for the related professions would be 2,000 dentists and 2,000 public-health nurses.

Summaries of the situation in a number of specific areas are appended. Additional information is being secured currently and will be added as conditions change in the various areas.

RELATION TO THE WAR

The importance of medical care in maintaining the health, morale, and productivity of workers who are vital to the war effort is generally recognized. In a letter from the War Production Board to the Production Drive Committee dated May 29, 1942, and signed by Donald M. Nelson, Paul V. McNutt, Robert P. Patterson, James V. Forrestal, E. R. Steettin, Jr., and E. S. Land, it was stated:

"Sick and injured war production workers lost 6,000,000 workdays every month. We must save as many of those lost days as we possibly can for the production drive. Only healthy workers can put into the drive what it takes—vigor, staying power, and the will to win. * * * Use your influence to see that your community has an active public-health department; enough doctors, nurses, and hospital beds to care for your workers and their families."

The recent address of the Honorable Paul V. McNutt before the American Medical Association, referred to in the resolution quoted, likewise emphasized the importance of the problem.

FEDERAL RESPONSIBILITY AND NEED FOR FEDERAL ACTION

Conditions arising as a direct result of the war program are properly regarded as a Federal responsibility. That responsibility and authority for action must be assigned at the Federal level is evidenced by the fact that local measures have failed to correct the situation. Considerable experience in the problems involved has been gained during the past year by the Public Health Service and by the Federal Public Housing Authority in attempting to locate physicians and dentists in critical areas. This experience shows that physicians and dentists are reluctant to move into these areas for the following reasons:

1. No public recognition is given to the fact that physicians in these areas are doing work vital to the war effort. Younger men especially are likely to feel that they will be regarded as slackers if they remain in civilian practice, even though they may be doing so at the request of the Procurement and Assignment Service.

2. Uncertainty still prevails in the minds of many physicians as to their status with regard to military service.

3. Lack of State licensure reciprocity is a serious barrier to movement of physicians.

4. Hospital and other facilities necessary to modern practice are in many areas entirely lacking or are inadequate.

5. Uncertainty as to hospital staff privileges due to closed staff or proprietary character of the local hospitals.

6. The initial cost and financial risk involved in relocating are serious deterrents, especially in view of the uncertainty as to immediate financial return from practice in these areas. Difficulty in obtaining needed equipment is an added factor.

7. The doubtful post-war stability of the boom towns greatly reduces the desirability of setting up practice.

8. In some cases the physicians in the area, although overworked, discourage new physicians from entering the area for fear of competition.

9. In the absence of any coordinating agency a physician has no assurance that an opening in a stated area may not be filled by some other physician prior to his arrival.

These reasons explain why the medical personnel shortages in these areas remain acute and, further, indicate that it will not suffice merely to urge physicians by persuasion or compulsion into these areas, although this is an essential

first step. They must not only be placed where needed, but must be given opportunity to practice under conditions which are economical of physicians' time and which guarantee a reasonable financial return. In most cases the physician cannot be expected to assume the initial outlay for transportation, moving of equipment, etc., involved in relocating. These costs should properly be borne by a Federal, State, or local agency. The physician must be made to feel that he is doing war work and that practice in this area is his job for the duration.

Since conditions vary widely in different communities, and since no Federal agency at present has sufficient authority for effective action, a broad program of administration under adequate authority will be necessary to meet the situation. Such a program might be set up in the following manner:

Authority: Under the act of July 1, 1902 (37 Stat. 393, 42 U. S. C. 8), the President is authorized to utilize the Public Health Service in time of war in such manner as shall in his judgment promote the public interest. By Presidential direction (Executive order, letter allocating funds or other means) under the provisions of this act, or other Presidential wartime power, authority should be delegated and funds made available from the President's emergency fund or otherwise, to the Public Health Service to enable it (1) to make the necessary determination of need in the several areas, and (2) to take such steps as may be necessary to provide or assure the provision of adequate medical, dental, nursing, hospital, and related services in war-industrial and extra-containment areas. In organizing such services the Public Health Service would enlist the cooperation of the Procurement and Assignment Service and other Federal war agencies, State health agencies, professional societies, and industrial and labor leaders.

METHODS OF ORGANIZATION AND ADMINISTRATION

The Procurement and Assignment Service should be called upon to secure the necessary physicians and dentists, and the aid of national and local nursing organizations should be sought in finding the required nursing personnel. In addition, a competent administrative organization will be needed to study the rapidly changing situation in the critical areas to determine the number and types of professional personnel and the additional hospital and other facilities needed for medical care.

It will be necessary also to aid many of the mushroom communities in developing the types of medical service best suited to their individual needs. This will involve negotiations with State and local medical and dental societies, nursing organizations, professional examining boards, industry and labor groups. Since conditions vary greatly in the critical areas, it is obvious that no one centrally conceived plan will meet the needs. It is to be emphasized, however, that while individually planned programs must be worked out on a local basis for each area, a broad centralized over-all program, with responsibility and authority fixed at the Federal level, is essential if coordinated, effective action is to be realized.

The Public Health Service, should it be assigned this responsibility and authority, would expect, as suggested in the National Advisory Health Council's resolution quoted above, to employ physicians on a regional or State basis for supervision of the program in their respective localities. In general, these men would be over military age and would be selected for their knowledge and understanding of local conditions and their ability to command the respect and confidence of both the general public and the professions. Because of the general desire of physicians to assist in the war effort, it is anticipated that extremely able individuals could be secured for this purpose, especially if recognition of the importance of the service were given by a commission in the Public Health Service Reserve on active duty.

The problem of dentistry is rather closely analogous to that of medicine, and regional and State dentists should be employed where desirable.

Nurses will have to be procured to staff such new hospitals as may be constructed, but the more important problem will be organization of community nursing services. In this field, it is fortunately a well-established custom for visiting nurses to provide bedside nursing care, and by extension of existing, and organization of new, visiting and public health nursing services, it should be possible greatly to increase the availability of nursing care in spite of the general scarcity of nurses. Utilization of nursing aides under competent trained-nurse supervision will add to the available personnel.

The dissimilarity of conditions in the several areas will require the use of various methods of procedure in meeting the needs. Areas which include a large city, such as Detroit and Baltimore, generally are provided with medical personnel sufficient in numbers, but many require further organization in some

sectors to promote adequate care for the war workers. Some of the smaller places, such as Valparaiso, Fla., have neither personnel nor local medical or civil leadership so that outside help is absolutely essential.

The diminishing availability of transportation may be expected to create new problems, which may require moving physicians' offices to strategically located points.

In some areas a basically sound industrial or other organized medical service exists which, with expansion of scope, personnel, and facilities, could be utilized to provide the needed general medical care. In such instances it would be within the province of the Public Health Service to assist in organization and administration of the necessary medical services, to such extent as might be required to assure a satisfactory local program. In setting up organized medical care programs, it should be the policy of the Public Health Service to consult with representatives of management, labor, and the medical profession.

In many industrial areas the economic situation is such that physicians in the area would be largely or wholly self-supporting through fees from private practice, but would need initial expenses, including travel to the area, and a guaranty of at least a minimal income. Such areas could be supplied by physicians receiving part-time salaries as Public Health Service consultants; in some cases it might be desirable to commission them concurrently in the Public Health Service Reserve Corps on inactive status.

In some areas, because of inadequate financial resources, or difficulty with State licensure laws, prepayment plans, or partially subsidized private practice may not meet the local problem. The extra-cantonment zones tend to be of this type. Commissioned officers on active duty might be required to meet the needs in some of these areas when the Army or Red Cross do not wish to undertake this responsibility. It is to be noted that the President has authority to delegate to the Public Health Service the responsibility for providing needed medical services in critical areas. Comparable action was taken by the President on February 6, 1942, in authorizing the Federal Security Administrator to provide temporary aid (including medical care) necessitated by enemy action to civilians. Under these circumstances physicians of the Service giving medical care under such authority will be exercising Federal functions and should therefore not be subject to State licensure laws.

To facilitate and expedite provision of hospital and clinic facilities under the Latham Act, the Public Health Service should stimulate initial local applications and subsequent Federal action on such projects.

Funds: Initially, funds might well be provided by the President from the appropriation "Emergency fund for the President." Additional funds should be made available as soon as practicable from the appropriation "Emergency health and sanitation," or otherwise.

You may think it desirable to receive the views of the Health and Medical Committee and the Procurement and Assignment Service on the above report. I respectfully submitted.

THOMAS PARRAN, Surgeon General.

The following summaries show the population changes and ratios of physicians, dentists, and hospital beds to population in a number of these areas (arranged by Army Corps areas):

BALTIMORE COUNTY, MD.

Industry: Glenn Martin plant, military aircraft; total personnel, 38,000. Industry: Bethlehem Steel, makers of steel plates and boats; total personnel, 22,000.

Population (outside Baltimore): 1940, 28,500; present, 43,500.

Number physicians: 11; ratio, 1:4,000.

Number dentists: 5; ratio, 1:8,000.

Nearest hospital in Baltimore. All hospitals here are overcrowded. This area is growing rapidly as housing can be constructed. At present majority of workers live in Baltimore. Transportation difficulties with tire and gas rationing make this problem acute.

VALPARAISO, FLA.

(Camp Eglin, U. S. Army flying field; personnel, 4,000 enlisted, 3,000 civilian workers)

Population: 1940, 2,582; present, 6,000.

Number physicians: None (nearest adequate: Pensacola, 50 miles).

Number dentists: None (nearest adequate: Pensacola, 50 miles).

Hospital beds: None (nearest open general hospital, Pensacola, 50 miles).

HINESVILLE, GA.

(Camp Stewart, U. S. Army camp; personnel, 16,000)

Population: 1940, 2,000; present, 8,000.

Number of physicians, 2; ratio, 1:4,000.

Number of dentists, none.

Hospital beds, none.

CHILDERSBURG, ALA.

(Du Pont powder plant; personnel, 10,000)

Population (Talladega County): 1940, 52,000; present, 75,000.

Number physicians: 18; ratio, 1:4,100.

Number dentists: 8; ratio, 1:5,400.

Hospitals (distance, 12 miles): Beds, 53; ratio, 1.1 per 1,000 population.

LA PORTE, IND.

(Kingsbury ordnance plant at Union Center, 8 miles south of La Porte; personnel, 12,000; expected total, 18,000)

Population: 1940, 40,000; present, 64,000.

Number physicians: 24; ratio, 1:2,800.

Number dentists: 14; ratio, 1:4,500.

Hospital beds: 123; ratio per thousand, 2 per 1,000.

All cities 9 to 16 miles from plants. Community of 3,150 housing units (or close to 10,000 persons) to be located adjacent to plant, where there is no physician or dentist, and 10 miles from a hospital. Present plans call for a hospital at Knox, Ind., 16 miles from the plant, where now 2 physicians care for over 3,000 persons.

CHARLESTOWN, IND.

(Industry: Indiana ordnance plant; Hoosier ordnance plant)

Population (Clark County): 1940, 31,000; present, 35,000.

Population (Floyd County): 1940, 35,000; present, 35,000.

Physicians (Clark County): Active practice, 13; ratio, 1:2,700.

Physicians (Floyd County): Active practice, 27; ratio, 1:1,300.

Hospitals (Clark County): Distance, 12 miles; beds, 40; ratio, 1.1 beds per 1,000.

Hospitals (Floyd County): Distance, 15 miles; beds, 100; ratio, 2.9 beds per 1,000.

FORT KNOX, KY.

(Extracantonment area: Fort Knox)

Population (Hardin, Bullitt, and Larue Counties): 1940, 48,000; present, 73,000 (excluding military).

Physicians (3 counties): Total, 23; active, 18; ratio, 1:4,100.

Hospitals: Nearest hospitals 34 miles away at Louisville.

RANTOUL, ILL.

(Chanute Field, U. S. Army aviation training center; military population at field, 20,000)

Population: 1940, 3,000; present, 8,000.

Number physicians: 5; ratio, 1:1,600.

Number dentists: 2; ratio, 1:4,000.

Hospital beds: None. Nearest available, Champaign, Ill., 16 miles (50 beds being added to Burnham Hospital here).

SAVANNA, ILL.

(U. S. Army ordnance depot)

Population: 1940, 25,000; present, 38,500.
 Number physicians: 14; ratio, 1:2,500.
 Number dentists: 6; ratio, 1:4,000.
 Hospital beds: 18; ratio, 0.9 bed per 1,000.
 A new hospital of 50 beds is now under construction.

WAYNESVILLE, MO.

(Camp Leonard Wood, U. S. Army training camp; total personnel, 40,000)

Population: 1940, 10,775; present, 18,000.
 Number physicians: 5; ratio, 1:3,000.
 Number dentists: None.
 Hospital beds: None.

Nearest open staff general hospital at Lebanon, 43 miles away. Waynesville has had approved a total grant of funds for hospital and maintenance (but this is not assured).

NEOSHO, MO.

(Extra-cantonment area; Camp Crowder)

Population (Newton County): 1940, 29,000; present, 39,000.
 Physicians: Total, 14; active, 12; ratio, 1:2,800.
 Dentists: Total, 8; active, 8; ratio, 1:4,900.
 Hospitals (Neosho): Beds, 70; ratio, 1.8 beds per 1,000.
 Hospitals (Joplin): Distance, 23; beds, 197; ratio, 2.3 beds per 1,000.

PRYOR-CHOTEAU, OKLA.

(Industry: Oklahoma ordnance plant)

Population (Mayes County): 1940, 21,500; present, 35,000.
 Physicians: Total, 8; active, 6; ratio, 1:5,800.
 Dentists: Total, 4; active, 4; ratio, 1:8,750.
 Hospitals (Mayes County): Distance, 4 miles; beds, 40; ratio, 1.1 beds per 1,000.
 Hospitals (Rogers County): Distance, 23 miles; beds, 56; ratio, 2.2 beds per 1,000.

TEXARKANA AREA, DOWIE COUNTY, TEX., AND MILLER COUNTY, ARK.

(Industries: Shell-loading plant and storage depot, tank and truck repair depot)

Population (Bowie and Miller Counties): 1940, 82,000; present, 105,000.
 Physicians: Total, 43; ratio, 1:2,440.
 Dentists: Total, 17; ratio, 1:6,150.
 Number hospitals: 3; beds per 1,000 population, 2.5.

ORANGE, ORANGE COUNTY, TEX.

(Industry: Shipbuilding and structural steel fabrication)

Population (Orange County): 1940, 17,400; present (February 1942), 30,000.
 Physicians: 7; active, 5; persons per active physician, 6,000.
 Number hospitals (Orange): 1; beds, 40; beds per 1,000 population, 1.3.
 Number hospitals (Beaumont): 2; distance, 25 miles; beds, 250.

FREEPORT-VELASCO AREA, BRAZORIA COUNTY, TEX.

(Industry: Chemical plant)

Population (Brazoria County): 1940, 27,000; present, 35,000.
 Number physicians: 15; active, 13; ratio, 1:2,600.

¹ Exclusive of 4 full-time physicians at shell-loading plant.

² The largest of these, with 150 beds, is open only to employees of the Cotton Belt R. R. When this hospital is excluded, the ratio is reduced to 1 bed per 1,000 population.

³ In which only 2 of the physicians may practice.

⁴ Also classed as defense area.

Number dentists: 7; ratio, 1:5,000.

Number hospitals: 1; beds, 20; beds per 1,000 population, 0.57.

WICHITA FALLS, WICHITA COUNTY, TEX.

(Shepherd Field military area)

Population (Wichita County): 1940, 74,000; present, 85,000.
 Number physicians: 76; ratio, 1:1,120.
 Number dentists: 32; ratio, 1:2,600.
 Number hospitals: 4; beds, 294; beds per 1,000 population, 3.5.

VALLEJO, CALIF.

(Industry: Mare Island naval base)

Population (Vallejo area): 1940, 35,000; present, 70,000.
 Number physicians: 18; ratio, 1:3,900.

BREMERTON, WASH.

(Industry: Shipyards)

Population (Bremerton area): 1940, 30,000; present, 60,000.
 Physicians: Number, 18; ratio, 1:3,300.

NOTE.—There were 28 physicians in this area, of whom 10, or 36 percent, have been called to active duty by Army or Navy. Several more expect to be called soon.

MEDICAL PROBLEMS INCIDENT TO MIDDLE RIVER AREA OF BALTIMORE COUNTY, MD.

DECEMBER 15, 1942.

HON. CLAUDE PEPPER.

*United States Senator from Florida,
 Washington, D. C.*

DEAR SENATOR PEPPER: On November 7 there appeared in the public press a statement purporting to have been made by a Mr. Michael M. Davis, described as "former director of medical service for the Julius Rosenwald Fund and now chairman of the committee on research in medical economics," before a Senate committee concerned with the effect on the public health of the military forces drawn upon the Nation's supply of doctors. Reference is made to an article by Mr. Paul W. Ward, of the Washington Bureau of the Baltimore Sun, who gives an account of this testimony in the morning edition of the Baltimore Sun of November 7.

According to Mr. Ward, Mr. Davis stated that health conditions at the trailer camp at Middle River, Md., near the Glenn L. Martin plant, were serious due to lack of proper medical services. That there are only six private practitioners in that area and that mileage charges render it prohibitive to summon a doctor from Baltimore. To meet the situation, he went on, the Public Health Service and the Children's Bureau worked out a plan for the expenditure of certain public funds, at the request of the Maryland State Department of Health. A full-time physician—a woman, so there would be no question of draft eligibility—was to be assigned to the area on a salary basis and given a trailer to serve as her clinic.

The plan, he continued, was approved by the six local doctors. He assumed it was also approved by the county medical society, for he said the county health officer put in, and the State health department relayed, the necessary formal request to Washington for institution of the scheme.

"Unfortunately," Davis said, "after all the arrangements had been made and just as the woman was completing her course at the Hopkins, a change took place in the minds of the six local doctors. They suddenly opposed the plan and the county and State health officers withdrew their consent." As a result, the witness said, the whole arrangement broke down for, under existing law,

¹ Only hospital within 40 miles of Freeport-Velasco.

the Public Health Service cannot install a doctor in any community at Federal expense without formal request from the State health authorities, who, in turn, are subject to pressure from State and county medical societies.

Such an arrangement, Davis asserted, makes the decision dependent on a group that inevitably has a double end in view.

He urged that some Federal agency be given power to override such local interests and authorize the expenditure of governmental funds in the way the Public Health Service had proposed to do at Middle River.

In view of the seriousness of these charges and the evil effects they may have if permitted to go unchallenged, I have had compiled a statement of the action of the Baltimore County Medical Association and of a special committee appointed by the association to deal with the situation in the Middle River trailer camp. I call your attention to the fact that the statements of Mr. Davis would give the impression that the proposal for the use of a trailer for a clinic for prenatal maternity care and related services was initiated by the Public Health Service and the Children's Bureau. The fact is that this proposition had been made by a member of the committee of doctors appointed by the county medical association in May 1942, months before the Public Health Service and Children's Bureau came into the picture. Not only did the committee of the county medical association originate the idea but they put it into effect in July and the six local doctors referred to by Mr. Davis had absolutely nothing to do with the matter until months later. They were not members of the committee but were appointed by the committee to arrange for holding office hours for general medical cases.

The Public Health Service and the Children's Bureau came into the picture on invitation of the State Department of Health of Maryland. The health officer of Baltimore County, who is also an active member of the county medical association, requested the committee of doctors from the county association to authorize him to request the State Health department to take this action. Our hope was that the Government would cooperate with us in furnishing equipment and establishing a trailer-hospital or even a building for use as a maternity hospital. The change in the attitude of the committee toward the use of a trailer as a maternity hospital was solely due, as shown in the accompanying résumé of the committee's work, to the strong objection urged by the professor of obstetrics of Johns Hopkins Hospital, whose knowledge and experience had great weight with the committee. Our committee, therefore, felt that it was for the best interests of the prospective patients that Dr. Eastman's advice be followed and they withdrew their support for the project even though it was their own proposition or finally.

To state, or even insinuate, that organized medicine, as represented by the Baltimore County Medical Association or its committee, defeated this plan from any ulterior motives or for any double end, as stated by Mr. Davis, is a gross libel upon the profession of medicine in general and upon the Baltimore County Medical Association in particular.

It is our belief, Senator, that you and the members of your committee are desirous of ascertaining the truth concerning the matters under your investigation and would therefore prefer to have the facts in this particular case rather than in the statements of a witness who speaks without first-hand knowledge and who imputes to others selfish and unworthy motives without making the slightest effort to verify these statements before presenting them to your committee.

Should you desire any further information along these lines, we would be very glad to appear before your committee at any time, if you will give us a few days notice in advance and designate the time and place.

Very respectfully,

MORRIS B. GREEN, M. D.,
President Baltimore County Medical Association.

MEDICAL PROBLEMS INCIDENT TO MIDDLE RIVER AREA OF BALTIMORE COUNTY, MD.—(Continued)

STATEMENT OF THE ACTION OF THE BALTIMORE COUNTY MEDICAL ASSOCIATION AND OF A SPECIAL COMMITTEE OF THE ASSOCIATION IN PROVIDING MEDICAL CARE FOR THE TRAILER CAMPS AT MIDDLE RIVER, MD.

(Covering the period of November 1941 to October 1942, inclusive)

At the November 1941 meeting of the Baltimore County Medical Association, Dr. William F. Warthen, who is an active member of the Baltimore County Medical Association and health officer of Baltimore County, presented to the association a statement of the conditions at the Glenn L. Martin aeroplane plant at Middle River, Md., where there were a large number of workers and their families living in trailer camps and where no definite arrangements had been made for their medical care. The association, after some general discussion of the subject, expressed its interest in the matter and its desire to cooperate with the public health authorities in every way in order to provide efficient and satisfactory medical care for these people. Upon motion, duly made and carried, the president of the association appointed a committee of seven, including the health officer, Dr. Warthen.

The committee held its first meeting at Middle River on December 19, 1941, and, as a temporary measure, until a more permanent measure could be formulated to provide immediate relief of the situation, resolved that the members of the committee would themselves provide the needed medical care and the trailer camp manager, Mr. Cody, was instructed to keep a list of the committee members and their telephone numbers and to notify the dwellers in the trailers that physicians could be called through his office. Meanwhile, at subsequent meetings, there would be opportunity to appraise the workings of that arrangement and alterations and improvements could be made as experience might dictate.

The plan was found to work satisfactorily but it was felt that provisions should be made for a health clinic for infants and young children, and at the meetings in January and February 1942 plans were adopted for a clinic for infants and children, held in a trailer provided by the camp management (Mr. Cody, the manager, was most cooperative and told the committee he would do everything in his power to provide facilities when and as requested by the medical committee).

The plans for a clinic for immunization against diphtheria, smallpox, and typhoid fever were put into operation on April 14 and the physicians most convenient to that locality were appointed to this work, each one to serve for a month and to be succeeded by another, in prearranged order.

At the meeting in May 1942 the matter of the providing of prenatal and obstetrical care for these people was thoroughly discussed. The crowded condition of the obstetrical facilities of the Baltimore hospitals rendered it impossible to assure hospital care for any but emergency cases and it was felt that some provision must and should be made for their care at the camp. It was finally decided to appoint a special committee of one (from the membership of this general committee) who was to examine into the feasibility of establishing a trailer clinic for prenatal care and also a trailer equipped for deliveries of normal cases which might later be transferred back to their own trailers for further post-natal care, this to be a temporary arrangement, hoping for a hospital building of prefabricated material to be erected later.

It was thought that it might be possible to obtain State or Federal salary and maintenance funds for a physician and three nurses, all full time, who could render, on a resident basis, prenatal and obstetrical care to the women of the community. Meanwhile the prenatal clinic was to be put in operation at the earliest possible moment. It was further proposed by a member of the committee that in order to popularize the clinic, if and when established, a delivery fee of \$35 be charged, instead of \$50 (which was the usual charge of most physicians for normal cases) and that a charge of \$2 be made for visits to the prenatal clinic. This was proposed because it was not known at the time whether these people were financially able to pay the full fee of \$50 (it was later ascertained that the

people to be served were entirely able to pay the full fee of \$50 and the lower fee was done away with). At the same time it was agreed that physicians other than those provided through the efforts of this committee should be accorded the privilege of delivering patients for this community in the trailer provided for the purpose and that the committee would not attempt to establish fees in such cases, leaving that to be determined by the individual patient and the doctor with whom they might select.

At the meeting of the committee held July 3, 1942, the matter of prenatal and maternity care was again fully discussed and it was decided to request Federal funds through the bureau of child hygiene of the Maryland State Department of Health. On July 23, 1942, the first of a series of bimonthly prenatal clinics was held in a trailer by Dr. Elizabeth Smith, a physician who had recently located in the community. She was assisted by a consultant of the Maryland State Department of Health and by the maternity and child hygiene nurse instructor of the State department of health.

At the August meeting of the committee there was a further thorough discussion of the subject of establishing a trailer camp hospital, in addition to the prenatal care clinic already in operation and at a later meeting, on September 15, there were present Dr. Nicholson J. Eastman, professor of obstetrics at the Johns Hopkins Hospital, and Dr. Edward Davens, chief of the bureau of child hygiene of the Maryland State Department of Health. Dr. Eastman was strongly opposed to the use of a trailer as a delivery hospital and proposed that he would take care of all abnormal or operative deliveries at the Johns Hopkins Hospital. He favored delivery of normal cases in their own trailers if no hospital facilities other than a trailer be provided.

In deference to Dr. Eastman's views upon the subject, the committee went on record as favoring the withdrawal of the request of the Children's Bureau for funds for full time personnel for a trailer maternity hospital. The work of the prenatal clinic was to be continued.

At a second meeting, held on September 23, the committee took up the subject of providing facilities for the care of general medical cases in an ambulatory clinic. It was decided to appoint the six physicians, living in or near the trailer camp community, as a committee under the chairmanship of Dr. Warthen to arrange for office hours, to be conducted by these six doctors according to a schedule agreed upon by them. They were to make use of the same trailer for these office cases as was already in use as a prenatal clinic, arranging the office hours so as not to conflict with the hours of the prenatal clinic. None of these six physicians were members of the committee but were appointed to hold office hours in a trailer for general medical cases.

This subcommittee met on September 29 and decided to begin the holding of office hours at the trailer on October 4, each of the six doctors devoting one hour to this work. They also agreed upon minimum fees for office consultation and for visits at the home. The residents of the trailer camp were to be notified of this arrangement. These doctors agreed to take care of the prenatal cases along with the other office patients if the committee decided to do away with the special prenatal clinic, which had been held bimonthly beginning in July.

On October 14 the general committee again met and reviewed the whole situation. Dr. N. J. Eastman, of the Johns Hopkins Hospital, was present and informed the group that he had completed arrangements for the care of abnormal cases at the Johns Hopkins Hospital. He agreed with the views of the subcommittee of the six local doctors that the normal cases could be delivered in the individual home trailers of families living in these quarters.

Further arrangements as to relocating the trailer to better advantage for both patients and doctors and designating it the community health center, also procuring equipment from funds contributed by the six doctors participating in the work, were approved by the committee.

It was the sense of the committee that for the time being, at least, they had fulfilled the duties assigned them by the Baltimore County Medical Association and that henceforth no regular meetings would be held unless upon call of the chairman, Dr. William F. Warthen, health officer of Baltimore County.

LETTER FROM NICHOLSON J. EASTMAN

THE JOHNS HOPKINS HOSPITAL,
Baltimore, Md., December 29, 1942.

HON. CLAUDE PEPPER,
United States Senator from Florida,
Washington, D. C.

MY DEAR SENATOR PEPPER: You received recently, I believe, a letter and a statement from Dr. Morris B. Green, of Baltimore, in regard to the medical situation at the Middle River trailer camp. Since my attitude is grossly misstated in this report, I am taking the liberty of sending you a copy of a letter which I have just written Dr. Green calling attention to those misrepresentations.

Respectfully yours,

NICHOLSON J. EASTMAN,
Professor of Obstetrics, Johns Hopkins University.

DECEMBER 29, 1942.

DR. MORRIS B. GREEN,
Baltimore, Md.

MY DEAR DOCTOR GREEN: It was most kind of you to send me a copy of your letter of December 15 to Senator Pepper, together with the statement of the Baltimore County Medical Association and of a special committee of the association appointed to deal with the situation in the Middle River trailer camp. I have read these carefully and should like to call attention, if I may, to a certain discrepancy in the record. In describing the September 15 meeting of the special committee, the statement reads as follows:

At the August meeting of the committee there was a further thorough discussion of the subject of establishing a trailer camp hospital, in addition to the prenatal care clinic already in operation, and at a later meeting, on September 15, there were present Dr. Nicholson J. Eastman, professor of obstetrics at the Johns Hopkins Medical School and Dr. Edward Davens, chief of the bureau of child hygiene of the Maryland State Department of Health. Dr. Eastman was strongly opposed to the use of a trailer as a delivery hospital and proposed that he would take care of all abnormal or operative deliveries at the Johns Hopkins Hospital. He favored delivery of normal cases in their own trailers if no hospital facilities other than a trailer be provided.

In deference to Dr. Eastman's views upon the subject, the committee went on record as favoring the withdrawal of the request of the children's bureau for funds for full-time personnel for a trailer maternity hospital. The work of the prenatal clinic was to be continued.

Now, strangely enough, just 10 days after this meeting on September 15, the chairman of the special committee, Dr. William H. F. Warthen, issued a statement to the Baltimore Morning Sun which explained the abandonment of the trailer maternity project on quite different grounds. Here we find no mention whatsoever of Dr. Eastman and his strong objections, but the explanation that the trailer maternity program was given up because of a disagreement over fees between the doctors at Middle River and the Children's Bureau, which was planning to subsidize the project. This statement by Dr. Warthen appeared, as a direct quotation, in the Baltimore Morning Sun of September 26, 1942, as follows:

"As a condition for the subsidy," Dr. Warthen explained, "the Children's Bureau required that doctors in the area charge \$35 delivery fee for patients at the trailer hospital. The Middle River physicians insisted that the customary fee in the district was \$50 and refused to lower it. When the doctors refused to accept a fee of \$35, claiming that families in the area are able to pay \$50 fee and that the \$50 fee was consistent with fees established for the area, the Children's Bureau withdrew the grant. The money was never appropriated and the specially equipped trailers were never brought to Middle River."

"However, the breach between the physicians and the Children's Bureau has not ended negotiations for the maternity clinic and, if it is feasible, it is the committee's hope to have an operating trailer for maternity cases established at Middle River as soon as possible."

Let it be noted, then, that several days after the meeting of the special committee on September 15th (at which plans for a maternity trailer were purportedly abandoned because of the strong objections urged by Dr. Eastman), the chairman of the special committee issued a public statement to the press citing difficulty over fees as the sole cause for giving up the project. Far from mentioning any objections to the program, he was positively enthusiastic about it, concluding his statement by saying that if it is feasible, it is the committee's hope to have an operating trailer for maternity cases established at Middle River as soon as possible. It is thus apparent that Dr. Warthen's September explanation of the abandonment of the trailer project stands in flat contradiction to the December version, as recorded in the statement issued by the association and the special committee. Obviously, one of these must be incorrect. I remember vividly the meeting of September 15 and am certain that Dr. Warthen's memory served him much better a few days after the meeting than it did some three months later; and I insist that the later account is untrue.

Of course, quite apart from the above set of circumstances, it would be preposterous for anyone acquainted with the facts to believe that I was opposed to the trailer maternity hospital. As Mr. Cody, the manager of the trailer camp, will testify, I spent a number of afternoons at Middle River in July and August, inspecting trailers and looking over the ground to select the best site for the unit. On August 26, I arranged for the appointment of Dr. Ann Kent as a special interne on my staff in order to give her preparation for the full-time obstetrical post at Middle River and throughout September pressed her training in every way possible. During this month considerable time was also given to the study and correction of blue prints for the trailer hospital. To allege that a person who evinced such active interest and enthusiasm over a project, was strongly opposed to it, is simply nonsensical.

Just when the notion developed that I was opposed to the trailer hospital, I do not know—evidently some time between October 14 when I last met with the special committee, and November 17, when I received a telephone call from Washington saying that I was being quoted in a Senate committee as being opposed to the project. Since I had had no contact with any members of the committee during this interval, the statement was made without consultation with me and, as I have indicated, without basis. In a letter sent to Dr. Warthen on November 17, I attempted to correct this misrepresentation of my viewpoint and this communication was available to the members of the special committee at the time they drafted the statement. Apparently, however, they chose to ignore it.

Finally, speaking as a member in good standing of the American Medical Association and from the viewpoint of organized medicine, I want to say that this episode is pretty disgraceful. Certainly, the inclusion of gross misstatements in an official document of this kind is not only a sorry reflection on the doctors immediately responsible for the document, but is a blot on the escutcheon of the entire profession.

Sincerely yours,

NICHOLSON J. EASTMAN,
Professor of Obstetrics,
Johns Hopkins University.

Copies to: Senator Claude Pepper
Dr. Martha Eliot
Dr. Edwin F. Daily
Mr. Michael M. Davis
Dr. William H. F. Warthen

REPORT OF SUBCOMMITTEE—RECRUITMENT OF PHYSICIANS FOR ARMED SERVICES

[For release Thursday morning papers, October 26, 1942]

Senator Claude Pepper (Democrat), Florida, chairman of the Senate Education and Labor Subcommittee on Manpower, today made public a report of his subcommittee to the full Education and Labor Committee.

In addition to Senator Pepper, the members of the subcommittee are Senator Lester Hill (Democrat), Alabama; Senator H. H. Schwartz (Democrat),

Wyoming; Senator Robert M. La Follette, Jr. (Progressive), Wisconsin; and Senator Eugene D. Millikin (Republican), Colorado.

This report is submitted at this time because of the need of speedy action to prevent an immediate peril to the health of the Nation.

Plain common sense persuades the committee to report its present information regarding the haphazard recruiting of doctors for the armed services. This unplanned recruiting has led us to a dangerous health emergency.

The following facts are of paramount importance:

1. A disjunctured procurement policy in the military services, under which voluntary and involuntary induction occurs with various military units competing for the very limited supply of doctors available for wartime America. This has resulted in hoarding and freezing unused doctors in the American armed forces in a ratio double that of the British.

2. Serious dislocation of medical manpower throughout the Nation, because the ill-supplied rural areas are contributing twice and sometimes four times the proportion of doctors coming from urban areas. This uneven procurement threatens doctor families in vast rural areas with the probability of a general epidemic similar to the influenza epidemic of 1918.

3. A tremendous unnecessary overutilization of the doctor supply at the expense of the civilian population. Possibly this has been based on an inaccurate estimate of the number of doctors needed for a thousand soldiers and because in early 1942 the authorities responsible for obtaining doctors thought they were immediately required to produce a medical organization for a 13,000,000-man army.

The conditions are so acute and dangerous that this preliminary report is made public with the recommendation that at the earliest possible moment the following steps should be taken: (a) The President, as Commander in Chief, should order a survey to be made of oversupply and undersupply of medical personnel for both the armed forces and civilian needs; (b) a reallocation should be made wherever it is determined an over- or under-supply exists; (c) instruction should be given to the War Manpower Commission to cease its procurement drive for doctors in all States where quotas have already been attained.

The armed services, the Federal Government, and the public should know now that certain States such as South Carolina and Oklahoma have produced from three to four times as many doctors for the armed services in proportion to peacetime supplies as States such as New York and Illinois. To permit patriotism to strip the rural areas and small cities of doctors in this haphazard manner is to invite epidemic, disease, and death. It is high time we put an end to the foolish and dangerous methods now employed to recruit doctors.

There are three principal points to be made on the basis of testimony already received by this subcommittee. These points are—

1. There exists today no adequate, over-all, up-to-date picture of the manpower resources of this country or the use now being made of them in industry, agriculture, essential civilian services, or the armed forces.

2. Present policies for induction into the armed services, by draft or enlistment, are disrupting the war-production program in industry and agriculture.

3. The present policies for inducing a great volume of medical men into the armed forces and the lack of any adequate information on the military and civilian needs for medical service provide a dramatic example of the first two points.

This subcommittee proposes that the allocation of doctors as between our armed forces and civilian use be made immediately on a Nation-wide basis. This experience can serve as a guide to the proper method of handling the Nation's entire manpower resources.

It is the committee's opinion that an over-all civilian authority should be established at once to supervise and control the drafting and recruiting of doctors. Until this authority is actively functioning no recruiting of doctors for the armed services should be permitted.

This authority should immediately conduct a census of all doctors, both those already serving in the armed forces and those still in civilian life. This census should be careful and detailed. It should include a study of the distribution of physicians in civilian communities so that we may know at once what are the minimum needs of each area for medical care and whether these needs are now fully met, oversupplied, or under-supplied in both optimum and minimum terms.

We should have firmly fixed in mind the irreducible minimum of medical care needed to prevent disease and epidemic in civilian America, including war-plant areas.

From information presented to the committee it appears that prior to the induction of doctors into the armed forces the national average was about 1 doctor for every 1,000 individuals. In one of our large Southern States that ratio has now been reduced to 1 doctor for more than 1,700 persons.

Quotas were fixed by the Procurement and Assignment Service for every State. The combination of draft and recruiting team activity has removed in certain Southern States nearly 200 percent of the quota while in certain Northern States less than 50 percent of the quota has been inducted. In some counties in the Southern States, hitherto fairly well supplied with physicians, there is now only 1 doctor for 7,000 individuals. It would appear that the Nation has been fortunate to have avoided serious local or even national epidemics to date.

If the information supplied this committee is accurate approximately one-third of the medical effectives of the country are now in the armed forces. According to information received by the committee the military services desire to maintain their present ratio of approximately 1 doctor for every 100 men in service.

If we take the figures recently stated by Secretary Stimson of a 7,500,000-man Army in 1943 and allow for over a million in the other armed services by that time, we arrive at a figure of 85,000 doctors in the armed services out of a probable total of 120,000 effectives available in this country at the start of the induction program. The present total induction works out at 1 doctor now in the armed forces for every 3 effectives.

If the present ratio of doctors to men in services is maintained we shall have 2 out of 3 doctors in military service in 1943 and an average of 1 doctor for every 3,000 or more civilians, or less than one-third of our entire medical effectives available to provide medical service to the civilian population including our war plants.

Clearly we cannot afford further haphazard induction and recruiting of medical personnel.

The over-all authority proposed above should ascertain the use now being made of medical personnel in the armed services as compared with their professional qualifications. The committee has received testimony that indicates the professional skill of doctors in uniform is not being properly utilized.

It has also been indicated that the ratio between military personnel and doctors in the service is more than twice that maintained in the military service of our Allies. The authority should study British experience and work out with the military forces a balanced plan for use of this scarce national resource.

This authority should then set up a plan whereby all further induction of doctors into the armed services operates as an orderly withdrawal which will not cripple the medical services of any community or permit epidemics to spread from areas of inadequate medical care.

The committee believes that this startling situation in America's medical services requires immediate attention. We also believe that the treatment accorded this situation can afford us a splendid opportunity for demonstrating methods to be applied to the Nation's entire manpower mobilization. It is for this reason that the committee urges the immediate establishment of an over-all authority and itself proposes to hold hearings on ways and means for the creation of such an authority.

The committee will follow this preliminary report with hearings to which it will call qualified representatives from the medical profession and laymen who are officially connected with the present system of Procurement and Assignment of medical personnel now attached to the War Manpower Commission. Both civilian and military authorities will be heard.

The committee will pursue two further inquiries in the immediate future. The first will consider the means of securing an adequate Nation-wide census of available manpower and womanpower. The committee has heard testimony from the Director of the Census, Mr. J. C. Clegg, and his assistant, Dr. Philip Hauser, on the need for a 5-percent sample census to be taken immediately so that we may bring up to date the statistical materials of the 1940 census. Induction into the armed forces and large-scale population movements to war production jobs have greatly altered the population distribution shown in that census. Even within

communities great shifts in employment have occurred. There are large rural areas which will require planned transfer of their working population if the labor in these areas is to be effectively used in war production either in industry or agriculture. An up-to-date basis for such a transfer program is badly needed. Similarly many women not hitherto in the labor market must be trained for war work.

This committee advocates a sample census but wishes to hear testimony on this and alternatives proposals. We hope that an early start may be made on a Nation-wide enumeration of our manpower supply.

The committee has also heard testimony on the present inadequacy of occupational deferment machinery operated by the Selective Service System. This will be the second inquiry in the immediate future.

The committee is satisfied that within the last few months large numbers of skilled war-production workers have either been inducted or pressed to enlist in the armed forces when they should have been retained in our war industries and agriculture.

It seems clear that the Nation's war-production goals cannot be met without a careful husbanding of America's skilled. The committee has featured in this preliminary report the problem of inducing doctors because medical training is one of our least replaceable skills. The time required to train a doctor for active practice outruns any span of war years which we should now contemplate. Our existing supply must be regarded as virtually our total supply for the duration of the war.

The committee believes that a Nation-wide system of occupation deferment boards must be devised to follow close on the heels of a genuine planned program of medical mobilization.

The principle should be established that the Nation intends to use its critical skills where they can be most useful toward winning the war.

By an adequate program and effective machinery for the appraisal of need and use of the Nation's manpower, much can be accomplished at an early date without resort to compulsory measures.

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